

DOCTORAL THESIS

The Erotic: Is Shame Making a Sham of Psychotherapy? Exploring Psychotherapists' Experience of Engaging with Erotic Phenomena Emerging Within the Therapeutic Relationship and the Implications of Training and Development An Interpretative Phenomenological Analysis

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The Erotic: Is Shame Making a Sham of Psychotherapy?

Exploring Psychotherapists' Experience of Engaging with Erotic Phenomena Emerging Within the Therapeutic Relationship and the Implications of Training and Development

An Interpretative Phenomenological Analysis

by

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A thesis submitted in partial fulfilment of the requirements for the degree of PsychD

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For all those who have loved, supported and suffered with me along the way, especially Mum, Nan, Stuart, Joel and Nathan.

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ABSTRACT

The aim of this two part empirical study is to explore psychotherapists' experiences of engaging, or not, with erotic phenomena emerging within therapeutic relationships (study one), and to identify the implications of training and development upon helping or hindering their ability to tolerate the presence of the erotic in the work (study two). Interpretative Phenomenological Analysis is used as the method to analyse the data, generated through semi-structured interviews with the two sets of eight psychotherapists recruited. A review of the existing literature highlights the predominance of the psychoanalytic modality and lack of contribution to the subject area from other approaches. A lack of distinction between 'the sexual' and 'the erotic' appears to result in the sexual dominating and obfuscating the erotic, leading to fear of shame and suggesting a need to explicate the former from the latter. Findings from the first study suggest the erotic can cause fear and discomfort that is multi-faceted, leading to the need to find ways to feel protected and safe. In the second study, findings are explored through the themes of power and authority in training and development; approaches to learning that could be considered avoidant and dead versus engaging and alive; and the impact on practice in real terms. A critical appraisal of the empirical research and research method is provided and considers in particular, some implications of the problematic that IPA could be seen to be attempting to take up both a modern and post-modern position. Suggestions for further research include exploring the dominant discourse around the erotic in society and how training and development can facilitate learning in therapists that encourages openness to the erotic as unknown.

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Chapter 1: INTRODUCTION

This research seeks to explore the experience of psychotherapists engaging, or not, with erotic phenomena emerging within therapeutic relationships, and to identify what helps or hinders their ability to tolerate the presence of the erotic in the work. The research comprises a two part empirical study. The first part, attempts to explore the subject area by asking the eight psychotherapists recruited to speak of their own experiencing of erotic phenomena emerging within therapeutic relationships they have engaged in through their practice. The second part stems from findings of this initial study and seeks to explore further, with a second set of eight psychotherapists; the implications of training and development upon helping or hindering the experience of engaging with erotic phenomena in their practice.

The researcher considers the problematic created by the confusion between 'the sexual' and 'the erotic', arising from how these terms are culturally embedded in the 'collective consciousness' (Durkheim, 1858-1917) of society. Haule (1996), claims a lack of distinction between 'the sexual' (as an element, aspect or a by-product of the erotic) and the erotic phenomenon itself, means the erotic is misunderstood and treated as taboo through its associations with the sexual, resulting in the sexual dominating, overwhelming and suffocating the erotic. As a result of this, Haule (1996) identifies the difficulties psychotherapists experience through the physical and psychological responses that erotic phenomena can stir up in us. However, Haule (1996) points out that despite these difficulties, there is a need to be able to remain open to experiencing in the psychotherapeutic space amidst the anxiety this can create, without closing down arising erotic phenomena in order to overcome the discomfort. This research therefore attempts to explicate the difference between the sexual and the erotic in order that the erotic can be tolerated. Through an ability to tolerate the erotic, psychotherapists may remain open to engaging with this phenomena through thoughtful reflection over what it might mean, and a willingness, when appropriate, to acknowledge this with clients. Furthermore, therapists might initially approach their clients through experience, rather than starting with theory (both from within the field

of psychotherapy, but also from the wider social, cultural context) that can get in the way of relating and lead to either avoidance or application of technique.

In this introduction to the research that follows, the researcher will describe how the idea for this two-part study initially emerged, and how it was subsequently developed. Questions regarding the erotic, both in psychotherapy and society generally are introduced, before the chapter concludes with an overview of the structure of the thesis to follow.

1.1 The journey to the question(s):

Interest in this subject originally stemmed from the researcher's own experience, as a psychotherapist, with a client in practice. Links were made from this to personal experience, current understanding and beliefs about sexuality, and also with Freud's (1905) claim that we are all 'polymorphous and perverse'. Though the researcher began by considering the issue of sexuality, thoughts evolved over time and led to questioning sex, 'the sexual' and sexuality as a façade for the erotic, eventually leading to 'the erotic' itself as the focus of attention. The process of arriving at the erotic for the subject of this research is described here.

During the work with a married, heterosexual father of two, who was of a similar age, the researcher reflected with the client upon their experience of the therapeutic encounter during the ending phase of therapy. The client stated that what he had found to be most beneficial to his development and growth, had been the fact that he had felt 'significant' and 'necessary', that he felt he had been heard and taken seriously. In an earlier session, the client had stated that what he had found most difficult in the early stages of therapy, and as the therapeutic relationship developed, were the researcher's references to what was between them as 'a (therapeutic) relationship'. Also, use of terms such as 'intimacy' and 'affection' when acknowledging the meaning and significance the therapeutic relationship seemed to have acquired for the client. He said these words had felt uncomfortable because he associated them with sex, the sexual and sexual relationships. In this sense, the client might be considered to be highlighting the problem of

confusing thinking and speaking with actually doing. Further, this may speak of a confusion between different kinds of intimacy, something which is explored later through Ferenczi's (1933) paper '*Confusion of the Tongues Between the Adults and the Child - (The Language of Tenderness and of Passion)*'.

The researcher himself had also found moments of intimate relating with this client, and especially naming them as such, difficult; and yet they had apparently led to the client being able to speak of how, though he did not want the researcher sexually, he wanted the researcher to want *him* sexually, to be attractive to the researcher, and to explore what this might mean in the wider context of the client's life. Ultimately, it appeared from the willingness of both to tolerate this discomfort and continue to engage in the therapeutic endeavour, the client experienced a meaningful relationship. The researcher wondered whether his own experience of homosexuality, and the process of exploration undertaken, meant that the idea of intimacy between two men was not experienced as a threat to his own being and further enabled him to remain open to engaging with this male client on such an intimate level. An openness to considering what desire, longing and needs were present as erotic phenomena within the meeting of 'the other'. A heterosexual male therapist may not have been open to meeting this client on the same level of intimacy, if doing so caused anxiety and discomfort over their conceptualisation of 'normal' and 'acceptable' relating between two men. Though the researcher acknowledges this could just be his own beliefs and assumptions at work, if true, this could have resulted in significant implications for the client's experience of therapy.

For the researcher, sexuality has been an enormously influential life experience. As a homosexual male, attempts to understand and come to terms with its implications, means sexuality has at times been all consuming. Though a difficult journey eventually led to identifying as homosexual; love, lust, fantasy and desire of a heterosexual nature, both real and imagined, have also been part of the researcher's reality at various times and to differing degrees throughout his life. This experience and understanding of sexuality

as more fluid, open and variable, to that of the conventional societal view, might mean there is an openness to, and tolerance of, the potential of meeting others in ways that would not initially seem obvious, normal and acceptable. This raises questions over the potential for concepts and theories of sexuality, and the associated labels, to restrict psychotherapists' ability to remain open to experiencing with their clients. Psychotherapists potentially avoiding moments of relating, when to do so might challenge the obvious, normal and acceptable as delineated by labels and societies collective understanding of them, could have implications for their clients' experience of therapy. Sexuality as a means of 'identifying', 'understanding' or 'knowing' someone could arguably be seen as violating their potential for fully experiencing their being through the erotic, and this issue is therefore now further explored.

1.1.1 Sexuality and labels:

As already stated, interest in this subject stemmed in part from Freud's (1905) claim that we are all 'polymorphous and perverse'. In '*Three Essays on the Theory of Sexuality*' (1905), Freud theorised that individual sexual drives are initially without specific focus, and that therefore during this period of polymorphous perversity, normally continuing from infancy until about the age of five years, bisexual urges are usual. Unaware of the forbidden nature of certain modes of gratification, the polymorphous perverse child seeks sexual gratification from wherever it may be obtained. Freud believed that it is only in developmental stages beyond this period that children learn to constrain their sexual drives in order to conform to societal norms, mostly culminating in adult heterosexual behaviour.

Hedges (2011) sees sexuality as caught up in a process of classification and categorisation, where individuals are expected to label themselves for identification as heterosexual, homosexual or bisexual. Further, 'sexuality' as a construct providing a means to identify people through assigned sexual categories is a relatively recent development. Foucault (1978) describes 'sexuality' as a concept itself, as arising as late as the mid-19th Century around the time psychologising about ourselves and others began. Downing

(1991) points out that the word homosexuality was first introduced in 1869 by a German physician and does not appear in English until 1892. Its counterpart, heterosexuality, does not appear in the Oxford English Dictionary until 1900. Definitions of lesbian, even as late as 1928, make no reference to sexual implication and appear only as 'residents of an Aegean island'.

For Foucault (1978), the modern trend to declare one's sexual identity is seen to stem from centuries of the widespread Catholic pastoral confessional practice, and the growing Western tendency to utilise confession to define a clear sense of self, leading to centuries of culturally conditioned readiness to accept group labelling. Hedges (2011) believes labels close people down and fence them in, restraining, constraining and suppressing individuality and experience of being. Hedges (2011:12) writes:

...our potential for free and easy spontaneous and creative expressions of ourselves in our personalities and in our sexualities tends to become progressively curtailed as we continue to grow in relation to the demands of the mirroring human symbolic and sociocultural environment. This is a momentous tragedy of human existence: that the beautiful spontaneity and creative sensuous expressions of early childhood become socially bound and channelled in our personalities before the 10th year of life - before our full capacity for sexual passion has even arrived (2011:12).

Outwardly, society has become increasingly tolerant of 'difference' with regard to sexuality over recent decades, but it still expects individuals to work out who they are, identify themselves and then behave accordingly. Hedges (2011:12) states: *'Human sexuality is heavily weighed down by the cultural-symbolic systems that precede our individual existences and that channel and mould what comes to be experienced as gender relevant and sexually stimulating to each person.'* If sexuality isn't fixed, static across the lifespan, and if Freud's (1905) claim that we are all polymorphous and perverse, and the author's own experience of sexuality as fluctuating and shifting, indicates that human sexuality is more fluid and variable than is commonly recognised, then the implications of this for clients are vast.

Horkheimer and Adorno (1972:22) speak of the '*rigidity and exclusiveness*' concepts assume. Crotty (1998:132) states '*We substitute concepts for what they represent but no concept can ever capture the richness of the reality.*' 'Objects' Adorno points out (1973:5) '*do not go into their concepts without leaving a remainder*' and subsequently '*the concept has cut away within: the "more" which the concept is equally desirous and incapable of being*' (1973:162). Adorno (1974:74) cites Nietzsche's dictum: '*to perceive resemblances everywhere, making everything alike, is a sign of weak eyesight.*' In summary, there is an argument that once you have adopted these labels, you are closed in and restricted by them, with your way of being diminished and dictated. This curtailment of being has implications for the practice of psychotherapy.

1.1.2 The therapists' potential:

Potentially trapped behind labels then that delineate boundaries of what is, and is not, acceptable within those limits, this denial of true being and its possibilities could lead to inner conflict, impacting upon an individual's ability to tolerate erotic phenomena in relating and relationships. With 'the sexual' getting in the way of tolerating the erotic, individuals may require help. A place of safety, where an individual can feel permitted through a sense of security and freedom, to wonder and explore, to engage in authentic meeting and relating while being open to fears of what this might mean to the constructed identity they carry with them.

Arguably the psychotherapist, through the therapeutic relationship and the containing boundaries of that relationship, should facilitate such a space. A space which neither denies through avoidance, nor violates and abuses through transgression of boundaries, but allows the client to dare, in Husserlian phenomenological terms, to bracket off their prior assumptions about themselves, and look anew, at what might lie behind the façade they present in order to concord with societal norms. This requires therapists to tolerate the anxiety and discomfort enough to have one foot in, while at the

same time having one foot out; finding a middle ground rather than all or nothing.

Research has suggested the therapeutic relationship itself, is the key variable in determining levels of beneficial therapeutic outcome (Norcross, 2002). The psychotherapeutic process is often thought of in terms of creating a space between therapist and client that allows things to emerge, a space that enables the client to explore and discover. A bounded space in which it is possible for the client to do the work and to be safe enough to explore what is unsafe (Young, 1990). In this sense it would seem the ideal environment for clients to explore through relationship without being hindered by their sexuality, but this process relies upon the attitude of the therapist and the therapist's own ability to bracket off society's labels, either facilitating or preventing this exploration.

In *Philosophical Investigations* (1953) Wittgenstein demonstrates how he believes 'language games' characterise the interactions between humans, and cautions against mistaking the frame or cultural lens through which we view and interpret things, for the phenomena themselves. Ellis (2006) asks, are we able to listen to our clients in a way that attends to the specificity of their experience and allow for the multiplicity of shifting discourses that contribute to identity? Rather than presupposing a split between the psychic and the social, perhaps a combination of Foucauldian and psychoanalytic thinking could increase our sensitivity to the cultural implications of what we hear when our clients speak. This study is in this way interested in revealing some of the culturally embedded beliefs about the erotic.

1.1.3 Arriving at the erotic:

Thinking about therapists ability to work with their clients and allow a space for openness where sexuality does not completely hinder depth of relating, regardless of how the therapeutic dyad is made up, led the researcher to wonder about the subject in wider terms and ultimately in the context of 'sex' itself. Having started by thinking about the implications of sexuality, the

researcher started to wonder about therapists' ability to work with the sexual desire in themselves and in their clients in the consulting room. With two sexual beings in the room, where is the sex? Is sex as a subject taboo?

Further contemplation of the study, through attempts to refine and evolve the research question, enabled the researcher to consider 'sex' in the wider context and beyond the physical act. This elaboration recognised love, desire, intimacy and fantasy, for example, as important aspects of the research topic. The researcher started to consider how sex, the sexual and sexuality are possibly a façade that *stems from* erotic phenomena, but masks something more substantial about the phenomena: obfuscates and misrepresents it. In *'Confusion of the Tongues Between the Adults and the Child - (The Language of Tenderness and of Passion)'*, Ferenczi (1933) posits that the child's infantile need and longing for love and affectionate tenderness, is met through 'playful trespasses', flirting with the strangeness and unknownness of the adult. However, this is interpreted and responded to through the passionate, genitally focussed sexuality of the adult, threatening and abusing the child's sense of reality as he/she struggles to accept the distorted view of 'the sexual' as parental love (Ferenczi, 1933). In this sense, the tender, playful language of the child might be seen as closer to the erotic phenomena of interest for this research than the adult language of intercourse, and illuminates the distinction required between the two. For this reason, the term 'erotic', though difficult in itself to define, was felt to encapsulate the essence of the research subject.

Haule (1996) writes that to a certain extent, every time we speak of 'the erotic' we refer to Eros, the Bringer of Union. Eros is the Greek God of attraction, referred to in early texts as the Son of Chaos, revered for bringing people together in friendship, marriage and the creation of cities. In later texts Eros is known as the Son of Aphrodite, embodying lust and known as the God of Sexuality (Haule, 1996). Strictly speaking, sexuality is not implied by the love the Greeks called Eros. Erotic love designates a passionate and tempestuous entanglement between people and Haule (1996:22) states *'we refer...to a broad spectrum of psychological experience when we speak of Eros.'*

However, as Haule (1996) is at pains to point out, the term 'erotic' is so thoroughly mixed up with 'the sexual' in its interchangeable everyday use in the contemporary English language, that careful explication is required to ensure the distinction between the two is made in order to avoid suspicion and misunderstanding. Asheri (2004) helps make this distinction between the erotic and the sexual and elaborates further on its nature when she states:

I refer to the drive for physical, emotional, intellectual and spiritual connection and integration within oneself and with another. I refer to the force that changes and invents new structures and forms new ways of being and relating. It is the energy that sits on the edge of change, where the habitual patterns end and the risky zone of new possibility begins. If you like, it is the desire to flirt with life and aliveness. When this desire is welcomed it can induce sexual feelings. So erotic desire can include sexual desire but it is much wider than that (Asheri, 2004:3).

It is therefore this broader, wider spectrum of experiencing associated with erotic phenomena beyond the merely sexual that the researcher seeks to explore.

1.1.4 Is anybody there....?:

Attempting to locate the study in the existing literature revealed (as will become evident to the reader in the literature review that follows) much of what has been written about working with erotic material in therapy, has been generated from psychoanalytic perspectives more than any other modality, and originates mostly from America. Despite using various search terms, such as intimacy; love; desire; and sexual feelings, very little literature has been found outside of the psychoanalytic field, while little actual research appears to have been conducted in any field. This lack of literature raises the possibility that the term 'erotic', or even the whole subject itself, is taboo for other orientations to even consider.

Taboo or not taboo? seems to be an important question for consideration with regard to erotic material, because arguably, given all the aspects of experience that the term 'erotic' is felt to encompass, it is questionable whether it could ever not be present, to at least some degree, in a therapeutic relationship. With some therapists, as the findings from this research suggest, experiencing erotic material as taboo, some clients are likely to be hindered in their experience of therapy, their growth and development. Some therapists are therefore possibly short changing their clients.

1.2 The research and the thesis:

This research then, seeks, through interviews with two different sets of participants, each made up of eight psychotherapists and the use of Interpretative Phenomenological Analysis as a method, to uncover something of the meaning behind participants' experience of engaging with erotic material emerging within the therapeutic relationship (first study) and the implications of training and development upon this (second study).

1.2.1 Thesis structure:

Chapter Two: Theory – In this chapter the researcher considers the existing literature and its implications for the research. The chapter begins with observations by the researcher of the overall nature of the literature found in its predominant relation to the psychoanalytic modality and what this might suggest about the erotic as being taboo for other approaches to consider. A review of the existing literature starts by addressing *Developmental progression over time*, which is related to the way the countertransference phenomenon has been regarded. This is followed by *Implications of theoretical constructs*, such as how theory can be used to avoid the erotic; *Anxiety in the presence of erotic phenomena*, which considers the anxiety erotic phenomena can provoke in therapists, often leading to defensive practice; *Training & development*, considering the impact of this upon therapists' ability to tolerate, understand and engage with erotic phenomena

or not, and *Review of existing research papers*. The chapter concludes with a discussion of the literature, highlighting the difficulty of explicating the sexual from the erotic and the potential implications this has for the research.

Chapter Three: Methodology & Method – In this chapter the researcher considers the implications of the research question for methodology, the difficulties associated with researching a topic difficult to define and to speak of, and how subsequently the method for conducting the research was chosen. Consideration is given to the broad issue of ontological and epistemological arguments pertaining to research methods before focusing on the specific relation this has to conducting research in the field of psychotherapy, regarding individual experience of a complex phenomenon. Having explicated the case for adopting an exploratory, hermeneutic approach, the researcher then describes the rationale for his choice of IPA as the research method and explores the theoretical underpinnings of the method. Finally, the steps taken in order to carry out the research for both studies are then described, through developing the research questions; completion of research proposals and ethics applications; recruitment of participants; conducting interviews and their subsequent transcription, the researcher describes the process undertaken in order to arrive at the data for analysis.

Chapter Four: Analysis & Findings – The researcher begins this chapter by setting out the steps prescribed by Smith et al (2009) for the analysis of data in an IPA study and how these are used to develop a ‘master table of themes’ to represent participants. An explanation is then provided for how a generic account of each theme should be presented before the themes themselves for both studies are reported. Findings from the first study suggest that fear of the unknown, fear of self and fear of the other, are all examples of what foster resistance in therapists and inhibit their ability, through a desire to protect and feel safe, to work with erotic material within the therapeutic relationship. These in addition to factors facilitating the work are explored as the five themes produced for study one. The rationale for study two is then provided before findings from this study are considered through the three themes of power and

authority in training and development; approaches to learning that could be considered avoidant and dead versus engaging and alive; and finally the impact on practice in real terms.

Chapter Five: Discussion – This chapter offers a critical appraisal of the research, starting with the findings from this double study and how they link with existing literature on the issue with regard to the fear the erotic can create, and factors contributing to making the resultant discomfort tolerable or *not*. An appraisal of the IPA method and qualitative research is then presented, through which the researcher considers in particular, some implications of the problematic that IPA could be seen to be attempting to take up both a modern and post-modern position. This is followed by suggestions for further research into the dominant discourse around the erotic in society and how training and development can facilitate learning in therapists that encourages openness to the erotic as unknown. Implications for practice are considered, suggesting this research might assist therapists to permit a space for the erotic in their practice that allows it simply to be, amid thoughtfulness about how it might facilitate the therapeutic endeavour. Finally, the chapter ends through concluding comments that suggest a need for a clear distinction between ‘the sexual’ and ‘the erotic’, in order for therapists to believe they can tolerate the discomfort the disruptive erotic engenders enough to have ‘one foot in’ and survive this. Otherwise, as a participant in this research stated *“it’s just the damn shame, and it’s a shame.”*

Chapter 2: THEORY

This chapter reviews the existing literature relevant to this double study: exploring the experience of psychotherapists engaging erotic phenomena in their practice, and the implications of training and development upon helping or hindering this experiencing. The chapter starts with observations relating to the nature of literature found or not found, pertaining to psychotherapeutic modalities and the predominance of material from psychoanalytic perspectives. The literature review itself outlines the shifts in thinking regarding the erotic, related to the way the countertransference phenomenon has been regarded and the implications of theoretical constructs, such as how theory can be used to avoid the erotic. This is followed by issues that arise for therapists from the anxiety the erotic provokes, often leading to defensive practice; the impact of training and development on ability to tolerate, understand and engage with erotic phenomena *or not*; and an overview of existing research papers. Finally, the chapter concludes with a brief discussion of the literature and its possible implications for the research. This discussion highlights how the confusion in the '*collective conscious*' (as identified by Durkheim (1858-1917)) of society, between 'the erotic' and 'the sexual', raises an issue for the profession of psychotherapy, over how to bridge the gap between the historical and current *ontical* understanding of the erotic in society, and the perceived positive *ontological* understanding of the erotic in therapy.

2.1 Literature Review:

For this literature review, a number of sources were utilised through the University of Roehampton library. Search terms used, both alone and in various combinations, were: **erotic, intimacy, love, desire, sex, sexual feelings, therapist, therapy, and therapeutic relationship**. Interestingly, the overwhelming majority of what has been written on working with erotic material in therapy, has originated from authors within the psychoanalytic field and largely from America (Celenza, 2007; Celenza & Gabbard, 2003; Coen 1994; Davies, 1994, 1998, 2001, 2003; Elise, 2002; Friedman, 2005;

Gabbard, 1994a, 1994b, 1994c, 1998; Person, 1985; Rosiello, 2001 for example). The only other noticeable body of work contributing to the topic comes from the psychology field, whose focus is predominantly on sexual boundary violations and what can be done to address these in training and supervision (Hamilton & Spruill, 1999; Housman & Stake, 1999; Ladany et al, 1997; Pope, 1987; Pope et al, 1986; Pope & Tabachnick, 1993; Pope et al, 1993 for example).

Though it was never the intention of the researcher to conduct this study from the viewpoint of any specific modality, the very fact that little (if anything) has been found from any other orientation, inevitably means this review of existing literature is heavily weighted towards the perspective of psychoanalysis. This paucity of literature itself, leads the researcher to wonder if the term 'erotic', or even the whole subject, is taboo for other approaches to contemplate.

For psychoanalysis, the topic is discussed and thought about in terms of 'erotic transference and countertransference'. As this study explores the experience of psychotherapists' and given its limitations versus the vast literature available, the researcher feels it is appropriate to concentrate, in the main, upon the literature that addresses countertransference issues. This approach helps *'to contain what could otherwise be boundless exploration of the subject matter'* (Rodgers, 2011:267).

2.1.1 Developmental progression over time:

An example of the significant shift in thinking, in terms of engaging with the erotic, can be seen to evolve over time around changes in regard to the nature and understanding of the countertransference phenomenon.

Mann, who himself (1994) emphasises the importance of exploring erotic feelings, writes (Mann, 1999) of the incongruence in psychoanalysis regarding the erotic. Though it's universal occurrence and therefore probable presence in every therapeutic relationship is largely agreed upon, the literature is scant and it is rarely addressed in training. Mann (1999) points out that

psychoanalytic theory and practice has been dominated by the erotic from the beginning:

...from the therapeutic debacle between Breuer and Anna O which floundered on the erotic transference and countertransference, via Jung's sexual misconduct with Sabina Spielrein and Ferenczi's experimental love techniques and misconduct right through to the present day and the public horror at the sexual exploitation of patients (1999:2).

Kastrinidis (2008:321) regards the ongoing lack of discussion as '*seriously deficient*' and argues there is a need '*for more serious and thorough professional inquiries into the role these matters play in psychotherapy.*'

The *transference* phenomenon itself, is widely recognised as stemming from Freud's observations of his colleague Breuer's experience with his patient Anna 'O', who developed an erotic obsession for Breuer during treatment (Jones, 1961). Freud (1912) believed the pattern for the conduct of erotic life is established in the early years of life and wrote '*If someone's need for love is not entirely satisfied by reality, he is bound to approach every new person whom he meets with libidinal anticipatory ideas*' (1912:100).

Despite Freud (1915) recognising the importance of the patient's erotic feelings in analysis, and encouraging analysts to work *with* rather than suppress this valuable material, Freud (1910) believed the analytic endeavour would be threatened by any direct consideration of the countertransference. In *Observations on Transference Love*, Freud (1915) gives short shrift to erotic countertransference feelings (May, 1986), stating '*we ought not to give up the neutrality towards the patient, which we have acquired through keeping the counter-transference in check*' (1915:164). Writing to Jung regarding his transgressions with Sabina Spielrein, Freud states:

Such experiences, though painful, are necessary and hard to avoid. Without them we cannot really know life and what we are dealing with. I myself have never been taken in quite so badly, but I have come very close to it a number of times and had a narrow escape...they teach us

to displace our own affects to best advantage (McGuire, 1974:230-231).

By the 1950s the position was changing, with analysts increasingly unable to ignore the importance of countertransference and a number of writers (Heimann, 1950; Cohen, 1952; Weigert, 1952, 1954) suggesting the importance of the analyst's potential to learn about the client from noticing their own feelings, whatever they may be, in the therapeutic relationship. However despite this, Tower (1956) noted the unequivocal rejection in the countertransference literature of any form of erotic reaction to a patient being tolerated. Unlike other manifestations of countertransference, it was common to regard any erotic countertransference as pathological in the analyst and needing to be resolved in their own personal therapy.

In his 1959 paper '*Oedipal Love in the Countertransference*', Searles is considered to be one of the first to be so candid about his experience of romantic and erotic desires in his work. Searles (1959) states that, time after time he found himself experiencing a variety of emotions, including fantasising about marrying and being married to his patients. Though initially embarrassed, anxious and guilty for experiencing such emotions, and convinced he was exploiting his patients for the purpose of his own struggles with unresolved Oedipus conflicts, observations of colleagues however, convinced him he was not alone in his experience, though very few were willing to openly acknowledge such feelings in themselves.

Searles (1959) writes that with experience he learnt to be comfortable with these feelings for his patients and believes they are positive rather than negative influences on the outcome of the relationship. For Searles (1959), the patient's self-esteem benefits greatly from sensing he or she is capable of arousing such responses in the analyst, with a direct correlation between the affective intensity of feelings in the analyst and the depth of maturation achieved by the patient, a point made previously by Tower (1956) and highlighted again by Weinstein (1988).

Despite Searles' willingness to explore his erotic experiences, little appears to have been written on the subject in the years following his paper. Person

(1985) notes that the erotic in therapy has always been tainted by unsavoury associations and regarded as somewhat disreputable, stating '*It remains both goldmine and minefield*' (1985:163).

Gabbard (1994b) acknowledges, at the time of writing, the apparent silence around the subject, until 1992 when a panel entitled '*Love in the Analytic Setting*' was held by the American Psychoanalytic Association. This was followed by a similar event in 1993 at a meeting of the American Psychological Association at which Hirsch (1994); Davies (1994); and Tansey (1994) presented clinical examples of their work involving erotic countertransference. This appears to explain why much of the available literature on the subject was generated around the mid 1990's and may stem, at least in part, from what Levine (2010) describes as a series of disturbing public scandals linked to the topic, that shook the Boston psychoanalytic community in the 1980's and 1990's.

Davies (1994: 154) herself stated at this time that '*literature on countertransferential desire is sparse*', while Tansey (1994:139) claims that despite acknowledging the usefulness of countertransference responses, '*an atmosphere of disapproval and dread continues to pervade the phenomenon of erotic countertransference.*' Tansey (1994) argues this is reflective of the thinking made explicit by Wolf (1992) where it is stated that whether erotic urges are acted upon or not, a therapist's sexual feelings for their client always indicate a psychopathology.

This argument has not gone without challenge. Bonasia (2001) for example, believes that psychopathology is only involved if the therapist acts out. Book (1995) argues that viewing therapists' who act out sexually in the therapeutic relationship as pathological, may be a defensive position adopted to serve the aim of distancing oneself from these individuals and to reassure ourselves we are different. Celenza and Gabbard (2003) caution that while this extreme overt reaction serves to publicly distance the transgressor from the character of other therapists; avoids any politically incorrect suggestion of fault on the victim's part, and at the same time potentially appeases the victim, who may be seeking legal action; what it does not do, is provide the opportunity to

understand the misconduct as a transference-countertransference enactment that could shed light upon the problem for both professionals and the general public. Projectively disavowing one's own vulnerability and temptation in this way, claims Gabbard (1994a), prevents utilising systemic examination and understanding as the most useful approach to prophylaxis. The truth, it would seem, cannot be spoken of. The problem with the erotic in therapy remaining unspoken, argues Springer (2006:75) *'is that something remains in the dark which both hurts and dismays us all, and about which we all keep fantasising.'*

Clearly then, fear and the dominant discourse in society can prevent therapists from working thoughtfully and courageously with the erotic. Society's heavy handed response to stamping out abuse could be seen to scare everyone into avoiding the erotic, and thus in stamping out the abuse, trample the erotic underfoot in the process. This review will continue the developmental progression of the erotic in therapy by now considering the theoretical constructs proposed through the existing literature.

2.1.2 Implications of theoretical constructs:

Sexual material in therapy is widely recognised in the literature on the subject to often communicate underlying needs of a non-sexual nature, as highlighted by Bridges and Wohlberg (1999) who summarise this understanding as:

A patient's experiences of sexual feelings and behaviours represent and communicate a wide range of affective experiences, developmental difficulties, interpersonal, and intrapsychic conflicts and needs. Sexuality may be a symbol, distraction, or disguise for other affects and phenomena, including a need for nurturing, admiration, or soothing; avoidance of intimacy; denial of dependency or passivity; re-enactment of traumatic object relations; defence against hostility or contempt; or denial of grief, loss, and/or mourning (1999:128).

Much of the psychoanalytic theory around erotic transference and countertransference relates this phenomena to re-enactments of childhood oedipal desires. Searles (1959:180) suggests that *'in normal personality-*

development, the parent reciprocates the child's oedipal love with greater intensity than we have recognized heretofore' and believes this to be nourishing for the developing personality. Searles (1959) states that what strengthens the ego, is the realisation that the love for the parent is reciprocated – with the parent responding to the child as worthy of their love - and forsakes them only with a concomitant sense of loss, thus enabling the child to enhance the ego's ability to test both inner and outer reality. Conversely, it is the denial of desires by the parent that result in reacting to the child in a way that suggests it is unlovable or undesirable that leads to ego-impairment. In therapy terms then, Searles (1959) states:

...it seems to me clear enough, then, what this former child, now a neurotic or psychotic adult, requires from us for the successful resolution of his unresolved Oedipus complex: not such a repression of desire, acted-out seductiveness, and denial of his own worth as he met in his relationship with his parent, but rather maximal awareness on our part of the reciprocal feelings which we develop in response to his oedipal strivings (1959:189).

Davies (1994) echoes this, citing resistance to viewing the parent/analyst as participants in the romantic oedipal struggles of the child as problematic. How much easier it is, Davies (1994) argues, to engage in denial of the parent's/analyst's sexuality. The patient, like the child, states Davies (1994:162), is left with '*...the guilty weight of his own erotic desires, as well as the burden of maintaining in denial an awareness of the parent's reciprocal interest and involvement.*' Mann (1994) proposes these similarities between the parent/child and the therapeutic relationship, results in difficulty with open discussion. Mann (1994:345) argues that the incest taboo arising from parental guilt over erotic feelings towards the child '*silences the parent and also silences the analyst.*'

As Gabbard (1994b) notes, numerous authors (Benjamin, 1988; Davies, 1994; Dimen, 1991; Ogden, 1989) have suggested a phase during which children experience fluctuating associations and shifting erotic fantasy with either

parent. This period of experimentation occurs prior to establishing a firm gender identity and the relinquishment of bisexual omnipotence.

Davies (2001) believes Western child-rearing practices do not allow for containment or understanding of these early sexual or sensual-erotic experiences. Parents, Davies (2001) states, talk their children through emotions such as rage, love, jealousy and competitiveness, helping them explore their feelings and name them with words, such as anger. However this is not, Davies (2001) points out, the case with the intense emotional and physiological arousal of their ongoing childhood erotic experience. Davies (2001) believes this leaves the experience largely shrouded in unsymbolised and therefore relatively undeveloped image, sensation and affect. Davies (1994) claims the task of the analyst therefore, is to provide access once again to the transitional arena and allow an analytic space for 'play' to resume. For Davies (1994), it is the patient's ability to explore and play, safely, with their erotic desires in the therapeutic relationship that provides the structure for mature love that could ultimately fill the future, beyond the therapeutic relationship. Davies (1994) cautions that an analyst's inability to participate in this exploration, may lead to whole elements of unconscious experience for the patient being deprived of the opportunity to achieve reconfigured meanings. Davies (1994) asserts therefore the importance of therapist and client being careful not to lose sight of the distinction between thought and action, stating: *'the universality of incestuous oedipal fantasy and boundaryless, preoedipal erotic terrors is lost within the horror and incomprehensibility of actual incestuous enactment'* (1994:154).

Indeed, it is this 'as-if' nature of the relationship that is referred to often in the literature, in terms of the position the therapist is required to take up. Friedman (2005:350) highlights the paradoxical nature of analytic theory that *'seems at once to forbid and require detachment.'* Referring here to the therapist's requirement to be both an objective observer, while at the same time allowing themselves to be freely moved by the client and use these inner responses to inform the therapeutic endeavour. Ferenczi (1928) cited by Friedman (2005:350) wrote that the analyst's *'cathexes oscillate between*

identification (analytic object love) on the one hand and self-control or intellectual activity on the other' (1928:98).

Mor (2005) speaks of this one-foot-in, one-foot-out position when he writes that the therapist needs to contain the tension of the duality between the concrete and the symbolic, in which the 'as if' and the 'real' exist side-by-side. The ability to retain conscious awareness of the symbolic nature of the transference-countertransference, through adopting the 'symbolic attitude', is, Schaverien (2006a) argues, crucial in preventing the analyst from impulsively acting out when reality and fantasy become entwined and material certainty and the imaginal world are potentially confused. The therapist's ability to create these therapeutic conditions, is, according to Kastrinidis (2008), what:

...allows the patient to experience and come to understand the fullness of what it means to be human, i.e., a profoundly mooded being whose possibilities always exceed its actuality. To be in...therapy means not only to carry out intentionally one's capacities for feeling and understanding but also to recognise and accept that one may experience profound human emotions and possibilities without needing to act these out in every case. It is the paradoxical relation of eros and abstinence in psychotherapy that on the one hand demands but also, on the other, enables patients to become deeply aware of their ontological givenness without having to act out that givenness ontically in their particular relationship with the therapist (2008:331-332).

Emphasis is often placed on the therapist as being in the parental role. Davies (2001) challenges the dominant view in the literature that whenever erotic feelings are present, the analyst always stands in the role of the oedipal parent. Davies (1998:747) states: '*since the time Breuer fled...his patient Anna O...psychoanalysts have contorted themselves, their patients and their understanding of the psychoanalytic process in an attempt to minimise, disavow, project and pathologise the sexual feelings that emerge between the analytic couple.*' and claims: '*We have all, as a profession, been running from these feelings ever since.*' (1998:748).

Schaverien (2006b) agrees, stating the sexual reality of the man/woman in the present, is often overlooked in favour of infantile origins; something both Baur (1997) and Schaverien (2006b) suggest may be due to therapists preference to view the work from the safety of the maternal/parental framework, rather than see themselves as potential lovers. Hirsch (1993) cited by Gabbard (1994a) refers to this issue when stating that the client is often viewed as a child in an adult body. The problem with this, writes Gabbard (1994a), is that the 'adult body' part of this paradigm is often underappreciated, and while the childlike need for parental holding might overshadow sexual feelings 'a rose regarded as a tulip is still a rose' (1994a:207).

Highlighting the impact of gender upon the position therapists appear willing to take up, Christopher (2011) writes that whilst female therapists prefer to focus upon the pre-Oedipal phase and are less threatened by regression into a boundaryless state; in contrast, male therapists are more willing to see themselves as objects of Oedipal desire and find the longings for and of the pre-Oedipal mother to be a more difficult position to tolerate.

Using a clinical vignette, Asheri (2004) highlights the implications this parental stance can have for therapy. Asheri (2004) writes that by adopting the role of mother, she denied her client opportunities to develop fully, stating:

In my resistance, I infantilised her longing to integrate her erotic and sexual parts of her self as a woman, by putting all my emphasis on her deprivation as a little girl. By clinging on to my position as a loving unconditional mother I was operating from a safe but not fully engaged position. In a way I desexualised her by relating to her pre-Oedipal needs and bypassing the Oedipal struggle to establish a sense of sexual identity in relation to another (2004:5).

Rather than linking all erotic feeling to childhood oedipal conflict, Davies (1998) argues that the very resolution of these through analysis can free the patient up to experience those aspects of sexual desire and erotic fantasy that are part of emergent self-experiences, encountered in the relatively safe confines of the therapeutic space, thus moving into adult sexuality rather than

oedipal. Mann (1999) emphasises both the progressive and regressive aspects in the erotic transference and countertransference:

The erotic is both backwards-looking to infantile origins and components and forward-looking, seeking a developmental progression which allows the individual to be transformed into something different from the past. It is both things simultaneously, though one or the other may be stronger at any one time (1994:4-5).

Clearly then, within psychoanalytic practice, the erotic is approached through the theoretical constructions of 'erotic transference-countertransference.' While this theory purports to facilitate understanding of erotic material in practice, it could also be seen as an attempt to capture and 'know' the erotic, as a means to remove the 'unknown', a way to tame the raw essence of the erotic, and thus reduce anxiety and discomfort.

Asheri (2004) explains the fear felt in the presence of the erotic charge, as a physical, emotional and cognitive response to the challenge it presents to our habitual way of being and relating. Asheri (2004) suggests at this point of intense discomfort, client and therapist wish to go unconscious and return to a familiar place of safety, an objective often achieved by therapists' through defensive use of therapeutic reasoning for avoiding engagement with erotic material in the therapy. Gabbard (1994a:207) writes: '*Analysts who feel swept off their feet by a patient often turn to theory as a veritable life raft to prevent them from drowning in a sea of sexual and romantic longings*' and suggests (Gabbard,1994c:402): '*The term 'erotic transference' has a reassuring clinical ring to it. By contrast, to hear a patient say 'I love you' sounds too personal, too close for comfort.*'

Having considered the implications of theory upon the nature of the therapeutic relationship, Hedges (2011) suggests a 'listening perspectives' approach to therapy that encourages therapists to be present and participating, as one human being, experiencing and engaging with another, in a full emotional here-and-now relationship. Hedges (2011) concludes:

I have taken the position that theorizing about the nature of the unitary mind only serves to reify and personify processes that are always ongoing, fluid, and interpersonal. Abandoning scientific objectivity in favour of systematic subjectivity and intersubjectivity, I have taken the position that the only theories that are valuable to therapists are those about how to listen to and to be emotionally present with the narrations put forward by people who choose to talk with us about their lives (2011:52).

2.1.3 Anxiety in the presence of erotic phenomena:

Having considered the above theories and how they could serve to provide therapists with a form of defence, this review now goes on to look at issues arising for therapists in the presence of erotic material that may cause the anxiety that leads to this urge to defend.

Ulanov (2009) speaks of the intensity of the erotic transference and the call it places on therapists' as the significant other, responsible for the tender condition of the client at that time, endangering the therapist:

...into inflation as the one who knows, the one who brings the healing balm, as the one who does not know, who may panic and rise above the affective heat into talking the fire to death, taking up all the oxygen in words, or as the one who falls into the fire and gets burned (2009:91).

Haule (1996:27) states that when Eros is present, our we-ness takes centre stage, *'the numinosity of our connection to one another enters our mutual consciousness.'* This connection to one another however brings tension, arising from the fear and existential dread of losing our unique self. Oscillating between the longing to dissolve amidst union and what we might become, and the instinct to flee and retain our individual being and what we have had, anxiety threatens to overwhelm and leads to temptation to conquer the tension, often through rage, lust and flight (Haule, 1996). This temptation to conquer the tension is why, claims Mor (2005:44), therapists resort to

premature interpretations and responses as attempts to block and fill the 'anxiety fraught space.'

Kumin (1985) refers to the variety of intense feelings that may arise from sensing the erotic in the therapeutic relationship, including shame, humiliation and disgust, as 'erotic terror'. Kumin (1985) believes it is the analyst's desire, rather than the patient's, that hinders the development and exploration of erotic transference. Kernberg (1994) stresses therefore, the importance and benefit of the analyst who feels able to explore in detail, in his own mind, his sexual feelings towards the patient, thus enabling assessment of transference developments and avoidance of a defensive denial of his own erotic responses.

Elise (2002) believes clinicians are inhibited by a number of factors, including lack of attention to the issue in training and intense concern over boundary violations. This is something Rouholamin (2007) seems to confirm when she writes of how her countertransference feelings with one client were so strong and overwhelming, that they hindered her ability to think and she was unable to respond, fearing doing so might expose her feelings and turn them into reality. Rouholamin (2007) considered, on reflection, whether this client consequently left therapy in search of another therapist who was able to fulfil the need to work with this material.

Both Shaw (2003) and Martin et al (2010) report erotic material as expected in therapy. Shaw (2003) states that in the therapeutic process of developing the client's intimate awareness of their self, therapist and client become inevitably and necessarily intimately involved on both an intellectual and emotional level. While Martin et al (2010) state that participants viewed understanding and managing intimacy as a core activity in psychotherapeutic relationships, where attempting to engage with and be open to the other, necessarily places the therapist at risk of intense emotions. This necessary risk seems to reflect the argument Freud (1915) was making when he wrote:

The psycho-analyst knows that he is working with highly explosive forces and that he needs to proceed with as much caution and conscientiousness as a chemist. But when have chemists ever been

forbidden, because of the danger, from handling explosive substances, which are indispensable, on account of their effects? (1915:170-171).

There has been much debate about the appropriateness of the therapist disclosing their feelings to the client. Different opinions have been put forward, but most analysts caution against this type of technique, emphasising the principle of awareness instead of action (Jorstad 2002).

Searles (1959) himself believes it is the analyst's inner awareness of these feelings that is important and not their overt expression. Rather, the patient who has learnt to recognise and accept the analyst as a real person, will sense the analyst has these feelings (Searles, 1959). Mann (1994) shares this opinion, stating that parents would not regard it as appropriate for the child to have to manage the parent's incestuous feelings. While Book (1995) believes self-disclosure blurs boundaries and leaves it unclear who is the client, who is the therapist and who is to look after whom.

Not all therapists however are of the belief that self-disclosure is to always be avoided. Davies (1998) argues there are those (Davies, 1994, Knoblauch, 1996, Slavin et al 1998) who have suggested that careful, timely disclosure of the therapists' feelings, in particular cases can be beneficial. When *'...patient's sexuality is disowned, dissociated or projectively evacuated into the analyst, partial self-disclosures and/or open recognition and affirmation of the patient's sexual emergence, may become important aspects of therapeutic change'* (Davies, 2001:757).

Fitzpatrick (1999) suggests it is not a question of either/or and proposes the need for a middle ground that allows for candid discussion that neither exploits or over-stimulates through excessive disclosure, nor withholds and confuses through rigid analytic technique. Brenman Pick (1985) suggests the problem lies in the analyst's ability to take in the sexual experience, digest, formulate and then communicate it back as an interpretation. It is suggested therefore (Bridges, 1994; Sherman, 2002; Jorstad, 2002) that importance ultimately lies in careful attendance to well considered interpretation of the erotic countertransference feelings, in order to alter them into a more workable transference alliance.

As has already been made clear early on in this review, the presence of the erotic in therapeutic relationships has often led to far more than therapists self-disclosing to their clients. This review will now consider in more detail the literature related to misconduct through boundary violations in therapy.

Stake & Oliver (1991) note almost universally negative consequences of therapist-client sexual contact for clients. Findings from a review by Halter et al (2007) of existing empirical literature into sexual boundary violations, report the impact of the abuse on individuals to be considerable and enduring. This is something Ben-Ari and Somer (2004) explore in their research through clients experiences in the aftermath of boundary violations, detailing participants' accounts of their journeys from 'victims' to 'survivors' and highlighting the significant negative impact of boundary violations reported in the literature.

The importance of not transgressing boundaries and indulging the patient's wishes is highlighted by Blum (1973):

It is not surprising that the disturbed and disappointed patient should want to be loved and fulfilled. The adult patient, however, also comes for help to adapt and achieve in the uncertain world outside the analytic setting. Gratification of neurotic transference wishes could reinforce childhood fixation and undermine reality and autonomy (1973:72).

Freud (1915:169) states: '*The patient's willingness makes no difference: it merely throws the whole responsibility on the analyst himself.*'

It is important to consider why boundary violations occur. Plaut (1997) writes that factors relating to the psychotherapeutic relationship increase the likelihood of boundary transgressions occurring; these include length and intensity of the relationship, isolation from others and the client's psychological vulnerability. Levine (2010:55) also claims forces unleashed by the psychotherapeutic process mean boundary *crossings* are ubiquitous and inevitable and the potential to commit boundary *violations* exists within all therapists. Margolis (1994:986) writes that many analysts now believe, paradoxically, the feelings that offer the potential for boundary transgressions

are the same feelings that offer the potential for developing deeper understanding and effective treatments of individuals: *'this is the problem and the promise.'*

Despite the importance placed upon transference and countertransference in psychoanalytic work, Gabbard (1994b) claims therapists who fall for their patients, see their particular circumstances as transcending these issues. Gabbard (1994b) states therapists, like clients, may at time lose track of the 'as-if' nature of the countertransference and slip into believing what is happening is real rather than connected with past relationships. The majority of abusive therapists believe sex with patients is destructive but their case was special and even therapeutic to the patient (Carr & Robinson 1990). Kernberg (1994) states that it is the 'as if' nature of 'transference love' that distinguishes it from 'normal' or 'real love'.

Analysts, Gabbard (1994b) states, are especially vulnerable to getting caught up in patient's erotic longings, at times of personal stress in their own lives. It is therefore important for therapists, argue Twemlow and Gabbard (1989) and Gabbard (1994b) to maintain gratifying personal relationships in order to avoid deprivation of emotional fulfilment that could lead to transgression of boundaries. This is reinforced by Celenza (2010) who believes the psychotherapeutic endeavour contains a specific mix of frustration and titillation that can combine dangerously for therapists. External support and gratification through one's personal life, writes Celenza (2010) is therefore essential as a means to re-calibrate and restore equilibrium.

Gabbard (1994b) emphasises the ending phase of therapy as a particularly high-risk time for erotic transference-countertransference enactments. Gabbard (1994b) states the sense of loss for both the therapist and the patient could lead the analyst to offer minor boundary transgressions that start off with words but may lead to physical embraces and eventually sexual involvement. Strasburger et al (1992) refer to this as the 'slippery slope' of boundary transgressions; starting off with seemingly innocuous acts that descend into more serious violations. Something Simon (1989:104) notes when he claims: *'it begins before it happens.'* As boundaries are gradually

eroded, claim Strasburger et al (1992:547), so too is the principle of abstinence and *'the therapy founders on the shoals of impulse.'*

Pope (1991) believes boundaries in therapy protect against exploitation in the same way they do in the family. Luca (2004:14) in defining the therapeutic frame, speaks of how it prevents acting out when she describes it as *'a structure that sets the rules of therapy and holds and contains the participants' behaviour.'* Presence of the erotic makes maintenance of boundaries especially important according to Rouholamin (2007):

Having a consistent structure in place, where the sessions start at the same time each week, in the same room, and last for the same amount of time, reminds the client that this is a professional relationship, and not a personal relationship in which sexual feelings can be acted out (2007:194).

Considering what it is that *prevents* therapists from violating boundaries, Martin et al (2010:11) ask *'Is it the prospect of opprobrium from colleagues or the threat of sanctions from regulatory agencies that contains the relationship within professional boundaries?'* Either way, this should arguably cause concern amongst the profession if refraining from transgressing boundaries in psychotherapy is related more to fear of punishment, rather than a deep understanding of the phenomenon and the potential damage to clients resulting from any violating behaviour.

Who are the boundaries there to protect anyway? Haule (1996) argues that in the face of Eros dissolving what separates us and brings us together in union, 'boundaries' have become the psychological theory of defence against erotic feelings that have been judged to threaten and place therapists in danger. The boundary metaphor, states Haule (1996), appears to limit the potential for erotic encounter in an attempt to make the relationship safe, justifying rage and flight whilst rejecting lust; misconduct would not occur if only people had 'boundaries'. Haule (1996) argues however, that in attempting to erect safety barriers to protect from the dangers of sexuality, society obscures the essence of the therapeutic endeavour through premature closing of areas of

unconsciousness, forbidding probing questions by declaring them to be off limits.

Haule (1996) claims there is a vital need to develop a more adequate understanding of Eros that avoids undervaluing its potential benefit to therapy and allows it not so much to be controlled as observed. Haule (1996:41) writes: *'We all need something to prevent the loss of our individual integrity in the dissolving threat of the we. But do we wish to call it a boundary?'*

2.1.4 Training & development:

With the erotic in therapy being regarded as both potentially significant to advancing therapeutic aims and universal in its nature, this review will now consider the literature relevant to the second part of the study into the training and development of therapists' understanding and ability to engage with erotic material in their practice.

Hedges (2011) states:

Issues of erotic transference and countertransference are not given an appropriate place in our training programs. As a profession, our neglect of studying sexual feelings in the therapeutic situation has no doubt contributed to the state of affairs in which the largest single cause of malpractice suits involves accusations of a sexual nature (2011:78).

Edelwich & Brodsky (1991) report most professionals feel unprepared when faced with sexual dilemmas in their therapeutic work, often leading to therapists feeling anxious or guilty and concerned there is something wrong with them. It is hard to imagine, write Pope et al (1993), of a similarly significant area in which training has been so weak.

Although trainings generally include some form of ethical teaching on the inappropriateness of acting upon sexual feelings with clients, most fail to develop this further to consider directly, the meaning and working through of these feelings in the therapeutic relationship (Rodolfa et al, 1994). Failure to advance discussion of therapist-client sexual intimacy beyond ethical and

legal prohibitions, and the potentially devastating impact upon the client, warn Pope et al (1993), means trainees may be deeply disturbed by any fantasies they might have of having erotic relationships with clients.

However, Pope and Tabachnick (1993) state that sexual feelings may make therapists and students uncomfortable, leading to neglect of the issue in training, and reducing the opportunity to develop confidence. Rodolfa et al (1994) write that development of training is hindered by trainers who defer to supervision as the arena in which to explore these issues, failing to acknowledge that trainees require permission to speak of these feelings. Rodolfa et al (1994) challenge training programmes to integrate learning and development around erotic feelings in therapy, for the good of trainees, clients and the profession.

Considering factors related to boundary violations, Bridges (1994, 1998) claims the prevalence of misconduct amongst psychotherapists indicates both serious deficiencies in, and a need for increased attention to training and education. Bridges (1998) states the power of erotic feelings to startle and disorient trainees needs to be acknowledged and warns that failure to prepare trainees through adequate training, results in the increased likelihood of therapists either acting on feelings through destructive behaviour, or restricting practice and stunting the therapeutic process. Kearns (2011) also highlights therapists' avoidance of erotic material for fear of getting it wrong; while Pope et al (1993) state it is no wonder, given the historical lack of education and training in this area, that therapists and trainees may feel out of their depth when erotic feelings arise, and doubt their ability to professionally manage the situation. Bridges (1994) suggests such focus in training reduces potential for shame and embarrassment, promotes development of skills and increases the likelihood of therapists seeking guidance. Pope et al (1986) believe the phenomenon of therapist-client sexual contact should be clearly distinguished from sexual feelings to avoid the latter suffering guilt by association.

Elise (2002) suggests the need to try to find ways to facilitate discussion of this topic, both in theory courses and in case conferences. Sherman

(2002:665) agrees, arguing *‘as a profession, we need to talk more openly about, write about, debate about the kind of sexually charged feelings we all face in treatment.’* Giovazolias and Davis (2001) conclude trainings should provide a safe environment in which this exploration can occur.

Students and candidates, Elise (2002) believes, will feel less inhibited in bringing up concerns related to the erotic, and sexuality – the original cornerstone of psychoanalysis – will no longer be a silent taboo. Sherman (2002:665) states: *‘The more we can allow ourselves to feel our full range of sexual feelings – including uncertainty and discomfort – the more likely we are to create a safe atmosphere for our patients to do the same.’*

Whether learning about the erotic is included in training or not is only part of the issue. *How* therapists learn and explore this important area for meaningful development is also of concern. Pope et al (1993) state:

The impossibility of a cookbook approach and the necessity to attend carefully to the shifting undercurrents of the therapist's feelings create the need for special learning conditions in which the process of exploration and discovery can occur safely, sensitively, and constructively (1993:35).

Hamilton and Spruill (1999) argue tutors and supervisors developing trainees’ awareness of the erotic and its implications for therapy early on, offers the greatest potential for reducing the risk of misconduct occurring. They suggest various elements training should incorporate, such as discussing the powerful effects of the therapeutic environment; examples of tutors own, personal experiences of the phenomenon; options for responding to and seeking support with erotic material, especially supervision; exploration of risk factors and early warning signs; negative impact of boundary transgressions on the client; and knowledge of ethical guidelines.

The bottom line is that every effort must be made to create the expectation that intimate feelings will arise in therapy and to create an atmosphere of trust in which students feel as free as they possibly can

to disclose these feelings and experiences to their supervisors (1999:322).

Plaut (1997) points out that including didactic learning alone may not be sufficient to impart understanding. Housman and Stake (1999) suggest that experiential learning that allows for arousal of trainees affective reactions, in addition to didactic learning, provides therapists with the opportunity to develop emotional as well as cognitive understanding.

As Charles (1999:263) points out: *'...even for the analyst, who has ostensibly learned all about transference, being caught in the throes of it is hardly the same as reading about it from a comfortable distance.'* While Pope et al (1993:42) warn: *'...exploration of the deep currents of feeling cannot be a passive or secondhand experience. It is not something that can be reasoned out from reading basic texts on theory or pieced together from research data.'* Friedman (2005:373) concludes the literature implies: *'when it comes to human beings, in contrast to other studied objects, the personal appeal by the object of study has to be felt to be known.'*

The danger in pushing for training institutions to 'teach' and facilitate 'learning' with regard to the erotic, is that this could lead to the development of 'techniques'. Normalising the erotic for therapists, as part of human experiencing should not be confused with 'making the erotic normal', the danger of which is to result in further closing down the erotic. Creating 'a safe environment' in which to allow for the erotic to be possible, to consider and explore its potential, to allow its presence, should not be misunderstood and translated into notions of making the erotic safe. Erotic phenomena and the feelings it can stir within, will always, and should always create *discomfort* in us in order that we may be able to notice, respond and remain alive to it. The concept of a safe environment therefore must be thought of in terms of a space in which this discomfort can be tolerated and borne by therapists rather than the creation of a 'numb' environment.

Having looked at training, this review will now consider the literature regarding supervision.

Failure to address the erotic in training means supervisors, claim Bridges (1998) and Pope et al (1993), have a responsibility to educate trainees by initiating discussion and creating a milieu of safety and openness, giving trainees permission to explore the issue. Strasburger et al (1992) state supervisors need to recognise therapists seeking help in managing erotic material, as a healthy sign to be encouraged and not pathologised.

For Fisher (2004), normalising feelings of attraction and making the distinction between these feelings and sexual misconduct, are amongst the most important things educators and supervisors can do to help therapists. Giovazolias and Davis (2001) report findings that suggest therapists who were able to 'normalise' their experience of sexual attraction within the therapeutic relationship, resulted in a significantly higher incidence of positive outcome being reported from the therapeutic process. Therapists, writes Schaverien (2006b), need to own and openly discuss countertransference feelings in supervision in order to make them conscious and reveal their meaning in the context of the therapeutic relationship.

Bridges (1998) believes the supervisor holds a unique opportunity to develop the confidence and competency of the therapist in order for them to appropriately engage with erotic material; creating a safe and open space for learning to occur. *'Supervisors need to reassure trainees, support the distinction between feelings and behaviours, and give permission for the trainees to experience and explore these feeling states'* (Bridges, 1998:219). However, Bridges (1998) notes that failure to receive education themselves in their own training, leaves many supervisors inadequately prepared to do this and often the subject is only raised when a serious problem or boundary violation occurs.

Schaverien (2006c) suggests that because the therapist is both participant and observer in the erotic transference/countertransference process, the therapist-as-person is engaged in the drama and therefore the therapist may find it exposing to discuss material in supervision. Likening supervision to the theatre, with the supervisor in the stalls watching the play unfold, Schaverien (2006c) proposes the supervisor's own countertransference response, elicited

as observer to the drama of the therapeutic dyad, may provide access to material in these situations that might otherwise be missed.

Similarly, Bravesmith (2008) argues for the importance of imagination in supervision and imaginative activity in both supervisor and supervisee, as having a central role in allowing the unknown to emerge. Bravesmith (2008:101) states: *'The supervisor needs to be open to playful reverie and fully open to associate freely to material that the supervisee brings.'*

Bravesmith (2008) likens the supervisory relationship to that of the therapeutic relationship when she speaks of similar distance-amidst-closeness qualities. Through closeness the supervisor comes alongside the supervisee, engaging in an imaginative experience that facilitates discovery; while with distance, the supervisor is able to reflect and evaluate the work, developing the supervisee's ability for perspective and understanding.

Supervisors' failing to encourage discussion of erotic material was suggested by Hamilton and Spruill (1999) as contributing to trainees discomfort in talking about their experiences with supervisors who either casually dismiss the topic or signal through other cues the material is not appropriate for exploring further. Housman and Stake (1999) claim that those who receive poor supervision are unlikely to engage with erotic material in therapy to positive effect and even if they refrain from acting out sexually, they may still emotionally withdraw from clients to avoid feelings.

While Paxton et al (2001) reported the quality of supervision as accounting for most of the variance in participants perceived level of preparation; Martin et al (2011) identified supervision as the most significant form of support to therapists engaging erotic material in their practice. Characteristics of good supervisors were described by Martin et al (2011) as supportive and challenging, ability to normalise the phenomenon, and clear with regard to boundaries whilst being able to explore parallel processes. Christopher (2011) writes of the need for comfort in talking about erotic material in a non-judgemental way, and therefore supervisor and supervisee need to both be regarded as sexual beings as well as professional individuals.

Gabbard (1994b) states supervision can provide somewhere to work through the thoughts and feelings rather than acting them out and therefore transgressing boundaries. *‘Erotic countertransference becomes less mysterious and compelling when exposed to the light of day and discussed as a matter of rational discourse between analyst and consultant’* (1994b:1100).

2.1.5 Review of relevant research papers:

In this part of the theory chapter, a review of the existing research felt to be relevant to this double study will be provided. Many of the papers included in this literature review so far, are not formal research studies but rather authors own reflections and analyses’ of clinical cases from their own personal work. Bodenheimer (2011) notes the paucity of research in the subject area and describes the subsequent data available as *‘nominal at best’* (2011:41), positing the most powerful reason for this dearth of research studies as being: (because) *‘it’s an ethical minefield’* (2011:39). In fact, of the research that does exist, the researcher found a significant proportion of this to be made up of quantitative studies into sexual boundary violations.

Halter et al (2007) have carried out a significant piece of work on behalf of the Council for Healthcare Regulatory Excellence (CHRE) who commissioned a project to review the published empirical literature on sexual boundary violations by health professionals as part of its *Clear Sexual Boundaries Project*. The review focuses on clarifying the nature of sexual boundary violations, the prevalence of such violations, the impact on patients and clients, and predictors of sexual boundary violations by professionals. Halter et al (2007) conclude that findings from the studies are similar across different professional groups and across different countries and suggest a number of themes can be drawn from the studies:

- *Clear sexual boundaries are crucial to client safety of the patient/clients*
- *Specific education changes attitudes toward sexual contact with patients/clients but must be delivered in a conducive environment*
- *Sexual boundary violations commonly result in significant and enduring harm to patients/clients*

- *Reported incidence of abuse is low, but concentrated in general practice and psychological therapies*
- *Client vulnerability is associated with higher prevalence.*

(Halter et al, 2007:8-9)

The review by Halter et al (2007) has been used by CHRE to inform several reports as a result of the overall *Clear Sexual Boundaries Project*:

- *Learning about sexual boundaries between healthcare professionals and patients: a report on education and training* (CHRE, 2008a)
- *Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals* (CHRE, 2008b)
- *Clear sexual boundaries between healthcare professionals and patients: guidance for fitness to practise panels* (CHRE, 2008c)

Two quantitative studies (Pope et al, 1986; Paxton et al, 2001) and one qualitative study (Ladany et al, 1997) researching sexual attraction/feelings and the implications of training amongst psychotherapists (Pope et al, 1986; Paxton et al, 2001) and pre-doctoral psychology interns (Ladany et al, 1997) were found.

Pope et al (1986) report that of 575 psychotherapists surveyed, although 87% reported having been attracted to at least one client at some time, over half (55%) of the respondents reported receiving no guidance concerning the issue and only 9% felt their training was adequate in the subject area. Similarly, Ladany et al (1997) and Paxton et al (2001) report findings of the 13 psychology interns and 293 university based psychotherapists participating respectively, that their training was felt to be inadequate, with Paxton et al (2001) stating that of the minority in their study who did report feeling very well prepared by their training to deal with sexual feelings, these therapists were more likely to have received 'content-specific' training related to the topic, and/or the opportunity to explore themselves as sexual beings.

Pope et al (1986) report 57% of respondents had sought supervision for sexual attraction to clients, while those who had received at least some

graduate training in the area were more likely to seek consultation (66%) than those who had no training (49%). Ladany et al (1997) found only half of their participants had disclosed sexual attraction to supervisors and supervisors seldom initiated discussions in the area. Both Ladany et al (1997) and Paxton et al (2001) report participants found it helpful when supervisors modelled the belief that sexual feelings were normal and to be expected as part of any human relationship.

Suggestions for addressing the findings in training include: honest serious discussions with trainees that lift the taboo and differentiates sexual attraction from sexual involvement (Pope et al, 1986); inclusion of the subject throughout training rather than a one hour lecture using material based on systematic research (Pope et al, 1986; Paxton et al, 2001) and through experiential components rather than solely didactic learning opportunities (Ladany et al, 1997; Paxton et al, 2001); facilitation of a safe environment through which trainee therapists feel able to discuss and explore feelings related to the topic (Pope et al, 1986; Ladany et al, 1997); and supervisors to attend to and initiate discussion and exploration of these issues as natural and expected and in a supportive manner (Ladany et al, 1997; Paxton et al, 2001).

An attempt at a quantitative study by Stirzaker (2000) appears to highlight the difficulties that can be faced in attempting research in this area. As a result of her own experience with a client and subsequent discussion in group supervision, Stirzaker (2000) sought to explore two related questions: *'to what extent did erotic transference occur in the therapeutic relationship?' and 'did therapists and clients acknowledge it?'* (2000:198).

Of 107 questionnaires sent to selected therapists, only four complete sets of questionnaires were returned. Stirzaker (2000) notes the reasons given from those who felt unable to participate as: unethical, abusive, would affect the therapeutic process, and concludes the emotive nature of the research subject resulted in reluctance to enter into the area. Stirzaker (2000) writes of her naiveté in believing that therapists and clients would welcome the opportunity to talk of their experiences and the potential for conducting

research of this nature in such a transparent way. She also acknowledged her research design appeared to hinder exploring the topic.

Another questionnaire was designed asking therapists to make general comments about erotic issues in therapy and supervision. Seventy-nine of these were sent to the same group of therapists, and thirteen questionnaires were returned. Some brief findings from these are presented by Stirzaker (2000) before she turns to case examples from her own practice to highlight issues further:

Themes:

- All had experienced erotic transference in their practice
- Some acknowledged the erotic with clients, some did not.
- Facilitators for engaging the erotic were: good therapeutic alliance; comfort with clients' sex/sexuality (as either increasing or decreasing sensed risk), degree of anxiety in the client being relaxed or not around the topic.
- Difficulties arose from: lack of clarity around erotic issues, clients having a history of abuse, clients' sex/sexuality, therapists' attraction to the client.

Stirzaker (2000) concludes anxiety over abuse clouds the issue of the erotic being a fundamental element of the therapeutic process and highlights the need to address 'the taboo which silences', in order to arrive at a sensible approach to discussing this fundamental issue.

Four further qualitative research papers, published in the past five years (three in 2011) and felt to be relevant to this study were found, and will be reviewed in turn now.

Much like the researcher, interest in therapists' perception and experience of erotic transference within the therapeutic relationship stemmed for Rodgers (2011) from her own experience of the erotic in practice, and exploration of this in supervision leading to consideration of other therapists' experiences. Data was collected through semi-structured, face-to-face interviews using open questions loosely informed by prominent themes from the existing literature, with six therapists. Analysis of individual perception and experience was carried out using Interpretative Phenomenological Analysis. Recruitment

of participants was undertaken amongst Rodgers ex-fellow students and colleagues at her places of work. Participants were qualified therapists, ranging in experience and theoretical orientation. Four were female and two were male.

All participants reported experiencing what they understood to be erotic transference, and/or sexual and loving feelings within therapeutic relationships in their practice, with the terms found to be used interchangeably and with little differentiation between the phenomena. Participants showed differing views between the usefulness of engaging the phenomena, but there was a strong motivation to learn more about it. Participants reported experiencing shame and embarrassment, along with common concerns around curiosity, fear and lack of adequate preparation. Six emergent themes were grouped by Rodgers (2011) into two clusters:

Comprehension and utilisation of erotic transference within therapy

- Comprehension of phenomena
- Feelings about using phenomena in therapy
- Therapists' feelings when sexual awareness becomes part of the therapeutic relationship

Support for therapist:

- Experience of training around erotic transference
- Experience of supervision around erotic transference
- Feelings about ethics and boundaries

Lack of clarity for therapists around erotic transference and its relationship to sexual feelings within therapy is highlighted. Rodgers (2011) suggests that better access to training around the erotic and sexual responsibility could be useful for therapists in developing the ability to engage erotic phenomena therapeutically.

Again, for Elliot et al (2007), interest stemmed from Elliot's own experience in her practice and resulted in Elliot questioning whether erotic countertransference is primarily a defence against intimacy in the therapeutic relationship or an opportunity for therapeutic transformation.

Elliot et al (2007) utilise a case study as their research data, as do many others, but in this instance a qualitative research method is employed to analyse the data. A narrative research method is used to retrospectively analyse the 'core period' of a case history between a female therapist (Elliot, researcher) and a male patient (research subject) with the aim *'not to try to prove a certain theory, but to show a possible understanding of the therapeutic encounter'* (2007:244). Research data consisted of session transcripts, records of the therapist's thoughts, feelings and responses recorded immediately after each session, with further comments added as a result of additional material arising from personal therapy and supervision.

This research, though based upon erotic countertransference, is more concerned with arguing for the use of narrative research in producing useful practice based evidence from research into clinical material. Elliot et al (2007) do however conclude analysis has highlighted erotic countertransference as an unstable concept that does not produce absolute answers, but rather multiple meanings. Also, although erotic transference and countertransference can be problematic for therapists, it can offer positive opportunities for growth from the therapeutic endeavour, with the therapist as an 'active' participant in a here-and-now process.

Research conducted by Martin et al (2011), had the aim of identifying therapists' views on sexual boundaries and the strategies they employ to manage them, as a piece of research commissioned by the British Association for Counselling and Psychotherapy. In-depth interviews were conducted with 13 therapists who had to be: a) experienced, practising, accredited therapists, b) with experience of sexual attraction to a client, but not engaged in a sexual boundary violation.

Findings are reported as being concerned with practitioners' views of boundaries, process in managing these successfully and problematic reactions to boundary pressures. The view amongst participants that sexual attraction to clients in itself is normal and not harmful was common. Sex and sexual orientation were found to be relatively unimportant, with attraction to particular clients regardless of gender or sexuality. Training, supervision and

internalisation of an ethical stance were all emphasised by participants as significant. Fear of professional sanctions was less evident, while there was frequent concern over uncertainty of reporting professional colleagues for behaviour they recognised as unprofessional.

Stages involved in the presence of sexual attraction were identified as:

- Noting an affective response
- Facing up to it
- Reflecting, processing and managing reactions
- Formulation
- Working for client benefit, therapeutically

Four problematic ways of reacting to boundary pressure were identified, each with the potential to harm clients and therapy.

1. Self protective/defensive
2. Moralising/omnipotent

These first two served to distance the therapists from both the client and the risky situation.

3. Neediness/over-identification
4. Over-protective anxiety

These latter two were felt to clearly increase the risk of boundary violation.

Martin et al (2011) conclude there is a constant tension between intimacy and closeness or distance and objectivity, and a participant-observer stance that avoids boundary violations which may be harmful, while also continuing to work therapeutically, is therefore conceptualised as essential for managing threats to boundaries.

McNulty et al (2011) use Interpretative Phenomenological Analysis to analyse the data of in-depth interviews with three therapists, two males and one female, who have been disciplined for conducting sexual relationships with clients and former clients, in an attempt to examine the decision making and justifications that accompanied the boundary violations. Recruitment was undertaken through contacting 24 potential participants whose physical or

email addresses were available from a list 40 mental health professionals for whom public reports existed. McNulty et al (2011) report two key themes:

Neutralising the client's 'patientness' through which the significance of their psychological issues were reduced to minor and *insignificant* in order to level out the status and power differential between therapist and client and facilitate the crossing of boundaries. These reductions were then firmly re-established when the relationships failed, returning the status of the therapists and re-establishing the partners as clients.

Identity of the therapists following the course of the relationships – hero, victim, perpetrator – shifting as relationships moved from success to failure, reflecting the initial position as powerful rescuer, moving to naive victims of the clients who had seduced them, to disciplined perpetrators.

McNulty et al (2011) conclude that their study has generated material useful to incorporate into training and supervision, to aid professionals to avoid sexual boundary violations and that the piloting and evaluation of training with this aim is required. A key message for practitioners they write, is that any relationship with a client we are not willing to discuss with our supervisor should be a cause for concern, and the important role of supervision is emphasised. However, McNulty et al (2011) themselves acknowledge the experience of one of the authors, suggests the sense a supportive reaction from supervisors will be forthcoming is required before therapists will disclose attraction to clients.

2.2 Review discussion:

This discussion looks at what this review of the literature can tell us about how the discourses in society are influencing the erotic and therapy.

The review appears to highlight the implications for psychotherapists, of what the French sociologist Émile Durkheim (1858-1917) termed the 'collective consciousness'. This term:

...refers to the collective representations (cognitive elements) and sentiments (emotional elements) that guide and bind together any social group...According to Durkheim, the collective consciousness takes on a life and reality of its own and independently influences human thought, emotion, and behaviour...(Allan, 2009:108).

Throughout this review, it can be seen how the 'collective consciousness' in society, with reference to how the erotic has become culturally embedded, has, from the early days of Freud and ever since, strongly influenced, through concepts such as 'power' and 'permission', the nature of how the phenomenon is regarded and engaged with, or not, in therapy.

This literature review highlights the complex nature of the erotic phenomenon the researcher seeks to explore. 'Erotic' is a difficult term to define, as highlighted by Elliott et al (2007:237) who, in attempting to do so, state *'it was as if the term 'erotic' refused to be pinned down.'* This is something the researcher would argue points to and illuminates the essential nature of the erotic as involving a set of phenomena that cannot and should not be pinned down, as attempting to do so alters, changes and even kills the essence of, and therefore the experience, of it. More often than not, the term is used to refer to sexual desire and physical pleasure. Rycroft (1995:51) for example defines the term as *'sexual, libidinal, pleasurable.'*

According to Haule (1996) however, it is this overwhelmingly sexual link society makes with the erotic, which obfuscates, confuses and leads to suspicion and misunderstanding of its true nature. The term 'erotic', as Haule (1996) argues, is so thoroughly mixed up with 'the sexual' in its interchangeable everyday use in the contemporary English language, it seems the difficulty lies in conveying the distinction between the two. Given that sexual feelings and sensations are often part of its dynamic, sexual expression seems to follow as the natural form of erotic feelings (Haule, 1996). So obviously, states Haule (1996), does sex seem to follow the 'call' of the we, that few can imagine any other way of responding. Haule (1996) claims it is for this reason that 'the erotic' has been collapsed into 'the sexual' in public discourse.

Attempting to explicate the erotic from being 'framed' in this case of mistaken identity, Haule (1996:55) argues: *"the erotic" refers to the energy of an interpersonal field when a sense of we-ness comes forcefully to presence'* and that *"the sexual" involves an impulse to embody that we-ness in a genital manner. In this sense "the sexual" would be a smaller set of possibilities overlapping a more comprehensive "erotic field".*' *'As a gloss on "the erotic," sexual attraction seems to tell us what to do about the chaos that strives within us (1996:57). It promises a bodily union that would actualise in a concrete manner the 'call' of the we' (1996:77-78).*

An illustration of this desire for bodily union through 'the sexual' in response to 'the erotic', is provided through the relationship between Socrates and Alcibiades in Plato's *The Symposium*. In his speech to those present on the topic of Eros, Alcibiades vents his frustration at Socrates for his moderation and self-control shown in their erotic relationship, in which Alcibiades tries in vain to seduce Socrates into physical, sexual gratification of his desire.

Recounting an evening where, having tried all he can to seduce Socrates, and having taken it upon himself to wrap them both in their cloaks, throw his arms around Socrates and lay there with him all night long, Alcibiades informs the others *'I swear to you by the gods, and by the goddesses, that when I got up next morning I had no more **slept with** Socrates than if I'd been sleeping with my father or elder brother'* (Gill, 1999:59). For Socrates, as described in his speech to the room prior to Alcibiades arrival, the lover's motivation is directed only at the ethical improvement of the other, in an attempt to educate him towards virtue, to regard the beauty of minds as more valuable than that of the body and to develop a love of knowledge, discourses and ideas. Through erotic-education, the lover frees the other from more basic needs and small-minded wants of physical gratification, to ascend through learning, in order to experience beauty in and of itself, for itself. Through the gift of abstinence, comes the possibility of experiencing more deeply the nature of humanness (Kastrinidis, 2008). Ulanov (2009) writes:

Eros is the function of psychic relatedness that urges us to connect, get involved with, poke into, be in the midst of, reach out to, get inside of,

value, not to abstract or theorise but get in touch with, invest energy, endow libido (2009:92).

It is therefore this sense of the erotic as an energy, charge or force, far broader than just 'the sexual' response it can ignite, that the researcher seeks to explore in terms of its impact on psychotherapists' practice. As Ulanov (2009) wrote when seeking to explore the impact of Eros on the life of the therapist:

When Eros is constellated, two possibilities of relationship present themselves: to an actual other who must be reckoned with as real, and to a psychic content, equally real, which we do not invent or control. How do we experience this electricity? What is our desire like? What does it take us back to, and toward what unseen purpose does it propel us? Eros brings with it a sense of purpose, of going somewhere important, something that enlists body, soul and spirit (2009:90).

This review of the existing literature would appear to the researcher to raise the following questions:

With the erotic so completely bound up with the sexual in the public psyche then, what do psychotherapists need, in order to develop their tolerance for the, at times, intense anxiety and discomfort associated with erotic material? Developing tolerance in order that they might, like Socrates with Alcibiades in Plato's *The Symposium*, create an 'erotic-educational' relationship (Gill, 1999) that can facilitate and advance therapeutic aims. How can the profession bridge the gap between the historical and current *ontical* understanding of the erotic as somewhat taboo in the collective consciousness of society; and the perceived positive *ontological* understanding of the erotic as potentially beneficial to therapeutic outcome in therapy?

Clearly the erotic is a complex phenomenon and the implications regarding how to undertake research that might hope to reveal something that could develop understanding and awareness further are considered by the researcher in the next chapter, where the process undertaken and

considerations made by the researcher in order to arrive at his chosen method, and the method itself will be explored.

Chapter 3: METHODOLOGY & METHOD

This chapter will consider the implications of the research question for methodology, and the process undertaken to arrive at a chosen method for conducting research that asks psychotherapists to speak about their own experiencing of erotic phenomena emerging within therapeutic relationships in their practice, and the implications of training and development upon helping or hindering this experiencing.

Initial consideration is given to the broad issue of ontological and epistemological perspectives regarding research. This focus is then directed specifically upon conducting research into participants' experiences and meanings of a phenomenon such as the erotic, a phenomenon that has been shown in the previous chapter to be difficult to speak of and to define, and thus exploring which research perspective might be more or less helpful. Having explicated the case for adopting a hermeneutic, exploratory approach, the researcher moves on to describe the rationale behind the process undertaken for choosing a specific method of research, by providing an overview of the methods considered and discounted, before arriving at the chosen method of IPA. Finally, an outline of the theoretical underpinnings of IPA and its perceived suitability, both for the research area and the researcher himself is provided.

In order to undertake this research, a method considered appropriate for both the subject and the researcher had to be chosen. Crotty (1998) suggests an interrelationship exists between the theoretical stance adopted by the researcher, the methodology and methods used, and the researcher's epistemological perspective.

Methodology is concerned with ways in which information can be obtained that will enable research questions to be answered or explored (Silverman, 2010). In the previous chapters, attempts have been made by the researcher to explicate the nature of the erotic as a complex phenomenon, encompassing far more than just the sexual, and something that as humans we are inextricably bound to and constantly 'subject to' (Heaton, 1989), for the purpose of the intended meaning and focus of 'the erotic' in this research.

The aim of the study is to try and understand what it is like for participants working within the presence of erotic phenomena, what is their experience? Smith et al (2009:1), acknowledge that 'experience' is a complex term, but from an IPA researcher's point of view, the interest is in '*what happens when the everyday flow of lived experience takes on a particular significance for people.*' This research then seeks to uncover something of the 'particular significance' for participants in their experience of working with the erotic.

Attempting to explore the experience of psychotherapists in relation to this phenomenon has implications for the research methodology, these implications will now be explored in the following consideration of differing perspectives towards research methodologies.

3.1 Ontological and epistemological perspectives:

Attempting to conduct research which seeks to be an exploratory endeavour into uncovering and developing, not categorical truths, but rather, deepened understandings of what it is like for psychotherapists to engage with erotic phenomena in their practice, raises a number of questions related to phenomenological and post-modern perspectives. Given issues with the erotic highlighted in the previous chapter regarding its occurrence within relationship, a relational phenomenon making it difficult to define and to speak of, the researcher needs to consider how to enable the researched to speak of the unspeakable. This presents issues over how to delve into experiencing in a way that disturbs meanings and disrupts the discourse of the other in an attempt to avoid them fleeing into theory and the continued speaking of that which has already been spoken (Hollway and Jefferson, 2000). Instead, seeking how to reveal that which is concealed, and in doing so, potentially open up possibilities and raise questions that can lead to developing therapeutic knowledge in this area. Another difficulty presents in how the researcher attempts to hear his participants in a way that, as much as possible, resists imposing his own beliefs and aims upon them, while respecting their infinite, unique otherness, and avoiding reducing them to 'same' through the desire to know.

Initial consideration focused upon the selection of either a qualitative or quantitative approach to data collection and analysis. These are often presented as being divergent and opposing in the social sciences (Clarke, 2001), amidst massive ongoing debate about the nature of knowledge (McLeod, 2003), through which questioning of ontology ('What is there to know?') and epistemology ('How can we know?') are argued (Willig, 2008).

Of the two, quantitative research has long been the traditional, dominant paradigm, often driven by the ready assumption that research equals science and therefore scientific methods, looking for causal relationships between variables, represent the acceptable means of generating knowledge (McLeod, 2003). The focus in traditional science is usually with the so-called 'objective' definition of 'the truth', believing there to be 'a truth' to be discovered and that there is determinacy of meaning. This is a requirement considered to be an essential element of the experimental design and its underlying philosophy, logical positivism (Al Rubaie, 2006). This positivist philosophy of science subscribes to the belief that all phenomena from physics to human behaviour can be explained by a single set of natural laws (McLeod, 2003), attained by way of reason, science or technology (Al Rubaie, 2006). Aveline (2006) states:

Empirical research is often accused of subscribing to an inappropriate, positivistic view of the world. The use of objectified methodology, it is said, risks giving false certainty to the external world when the inner world is essentially subjective and idiosyncratic (2006: 5).

In the search to know, understand and reassure ourselves, what knowing, understanding and experiencing do we *not* remain open to, and what is lost along the way if we retain and live our lives by only that which has been proven? In this sense our *known* world impoverishes our *real* world. Polanyi (1958a) writes:

*objectivism has totally falsified our conception of truth, by exalting what we can know and prove, while covering up with ambiguous utterances all we can know and **cannot** prove, even though the latter knowledge*

*underlies, and must ultimately set its seal to, all that we **can** prove* (1958a:286).

Conversely, qualitative research can offer adaptable methods for exploring meanings in areas of social life previously not investigated or well understood, producing nuanced accounts that are respectful of experience and contributing a particular kind of knowledge, different from that generated by quantitative methods of inquiry (McLeod, 2001). Qualitative inquiry is often hermeneutic or interpretive in style, heavily influenced by classical phenomenology, its aim is to describe and interpret meanings (McLeod 2003).

Objectivist epistemology holds that meaning, and therefore meaningful reality, exists even without any conscious awareness of it (Crotty, 1998). *'That tree in the forest is a tree, regardless of whether anyone is aware of its existence or not.'* (Crotty, 1998:8). Qualitative research into human affairs, rejects this view of human knowledge, both the possibility of objective knowledge and, that such knowledge amounts to an objective reality that would be experienced in the same way by any observer (Lemke, 1994). Qualitative research commonly assumes a constructionist approach, taking the point of view that reality is socially constructed (Gergen, 1985, 1999) and inquires into *how* it is constructed.

For Polanyi (1969:41) tradition and belief plays an indispensable role in all knowing: *'No human mind can function without accepting authority, custom, and tradition: it must rely on them for the mere use of a language'* and *'all human thought comes into existence by grasping the meaning and mastering the use of language'* (1969:160). *Human thought grows only within language, and since language can exist only in a society, all thought is rooted in society* (Polanyi, 1958b:60).

What we know as knowledge is in fact a special kind of story, text or discourse particular to a certain culture, the possibility of objective knowledge is denied because what we understand as knowledge has to be made by a particular culture with their linguistic and other meaning-making resources. Traditions exist in communities that embrace and transmit them and thus knowledge is

both social and communal (Mitchell, 2006). For Polanyi (1964:73) '*...to accord validity to science – or to any other of the great domains of the mind – is to express a faith which can be upheld only within a community. We realise here the connection between Science, Faith and Society.*' Different cultures can and do see the world in very different ways, all of which are believable and 'work' in their own terms (Lemke 1994:67). Geertz (1973:49) speaks of culture '*as a system of significant symbols*' which direct our behaviour and organise our experience, without which we could not function.

In this respect, this research then seeks to uncover something of the tradition existing within the psychotherapy community with regards to the erotic. It endeavours to delve into and behind the voice of the given culture, in a way that can develop understanding of how therapists are experiencing the erotic in therapy, within the context of current culture, and allow this to be questioned, both within the context of this community and the wider society as a whole. This research seeks to allow therapists to discover something that resonates and is meaningful for them in relation to their own professional and experiential knowledge and through which they can develop their therapeutic knowing and knowledge further.

Crotty (1998:8-9) states: '*There is no objective truth waiting for us to discover it; truth, or meaning, comes into existence in and out of our engagement with the realities in our world; there is no meaning without a mind.*' Heidegger (1962) uses the term 'Dasein' (explored further, later in this chapter) to denote this essential enquiring characteristic of Being and of being-in-the-world, and the world disclosing role of Dasein. The world is not one of meaning, until meaning-making beings make sense of it (Crotty, 1998). According to McLeod (2003: 73) '*The products of research are not 'facts' or 'findings' that reflect an objective reality, but are versions of the life-world that are...co-constructed between researcher and participants*' and therefore the goal of impartial, unbiased objective knowledge, free of the researchers personal involvement and vested interest is not possible.

There are therefore many alternative or complementary definitions or understandings of reality, normally contextualised and local, contributing to

various facets and reflecting the backgrounds and interests of those involved (McLeod, 2001). Meaning may be constructed by people in different ways, even in relation to the same phenomenon, developing 'knowledges' rather than 'knowledge', with no way of describing them being necessarily wrong (Willig, 2008). Considering meaning from this perspective, subject and object become partners in the generation of meaning (Crotty, 1998). The idea of *pluralism* is therefore intrinsic to the qualitative approach and it is both this and relativism that explain the inevitable reason for the existence of different genres of qualitative research (McLeod, 2001).

Unlike the positivist view, natural or universal laws or truths are rejected, and so also the idea of progress, in favour of local, unique, personal, contextual "truths" (Al Rubaie, 2006). These forms of 'knowing' are temporary, ambiguous and fragmented. In qualitative inquiry it is understood that ever really knowing how the world is constructed is not possible. The human world cannot be completely scientifically understood. Echoing Husserl, Crotty (1998) states:

...the scientific world is an abstraction from the lived world; it has been distilled from the world of our everyday experiences, distances us from the world of our everyday experiences, and takes us further still from the world of immediate experience...The world perceived through the scientific grid is a highly systematic, well-organised world...As such, it stands in stark contrast with the uncertain, ambiguous, idiosyncratic, changeful world we know first hand (1998:28).

Arriving at truths that open up new possibilities for understanding is the best that can be hoped for (McLeod, 2001). 'The starting point and well-spring of this type of inquiry is in the fundamental human experience of **not knowing**' (McLeod 2003: 193). As Kierkegaard states:

While objective thought translates everything into results, and helps all mankind to cheat, by copying these off and reciting them by rote, subjective thought puts everything in process and omits the result... because as an existing individual he is constantly in process of coming to be, which holds true of every human being who has not permitted

himself to be deceived into becoming objective (1941, cited in Loewenthal, 2006:48).

The research establishment view qualitative research as lacking rigour and generalisability (McLeod, 2001). However, the concepts of reliability, validity, generalisability and sampling are more problematic in the domain of qualitative research (Henwood & Pidgeon, 1995). Qualitative research undermines attempts to consolidate, legitimate and verify owing to the fact that good qualitative research is intrinsically discovery-oriented and critical (McLeod, 2001). Researchers following a qualitative approach argue *'that if they were to adopt criteria of reliability and validity, then this would suggest that there is some truth or reality waiting to be discovered, a notion inconsistent with postmodern thought'* (Al Rubaie, 2006).

The usefulness of Randomised Control Trials (RCT's), where appropriate, is not in question. What Milton (2006:63) argues is worth considering *'is the pre-dominance that such an approach should have, as it cannot account for individual experience and the evolving and continuing co-construction of meaning.'*

For Polanyi (1958a:vii) the detached ideal of knowledge is both impossible and harmful *'it exercises a destructive influence in biology, psychology and sociology, and falsifies our whole outlook far beyond the domain of science'* and he calls for effort to *'restore the balance between belief and reason'* (1961:238). Polanyi does not seek to dismiss science altogether, but states *'The question is: Can we get rid of all these malignant excrescences of the scientific outlook without jettisoning the benefits which it can still yield to us both mentally and materially?'* (Polanyi & Prosch, 1975:28).

Once again, for Polanyi, it is the role of belief and tradition in knowing that is required to restore the balance in knowing, as highlighted by both of the following:

...it appears that traditionalism, which requires us to believe before we can know, and in order that we may know, is based on a deeper insight into the nature of knowledge and of the communication of knowledge

than is a scientific rationalism that would permit us to believe only explicit statements based on tangible data and derived from these by a formal inference, open to repeated testing (1966:61-62).

We must now recognise belief once more as the source of all knowledge. Tacit assent and intellectual passions, the sharing of an idiom and of a cultural heritage, affiliation to a like-minded community: such are the impulses which shape our vision of the nature of things on which we rely for our mastery of things. No intelligence, however critical or original, can operate outside such a fiduciary framework (1958a:266).

Polanyi (1969) suggested there are two types of awareness in knowing: focal and subsidiary. Mitchell (2006) explains, how according to Polanyi, focal awareness relates to the conscious object of our attention, but this focal awareness depends upon an indwelling of subsidiary awareness, a type of awareness that provides clues in the background that allow for attending to the object. It is the integration of both, for Polanyi, that result in knowing, tacit knowing, knowing that we are unable to account for in terms of process, but exists nonetheless and which Polanyi (1966:4) sums up when he states: *'we know more than we can tell.'* *'Tacit knowing requires the constant integrating activity of the knower'* (Mitchell, 2006:77).

For the researcher it is the development of practical knowledge with regard to engaging with potentially difficult to speak of, and culturally taboo, erotic material that he believes can facilitate psychotherapists' ability to allow for and remain open to the erotic in therapy. Practical knowledge is acquired through doing and Polanyi understood this precedes the knowledge of rules, given that a degree of practical knowledge is required in order to apply rules (Mitchell, 2006). This can be likened to learning to drive. In order to learn, the novice driver must be able to take instruction from the expert who imparts the rules of driving. However a certain level of practical knowledge must exist within the novice in order to understand and apply these rules in the first place. Beyond this, it is the 'doing' of driving that enables the novice to develop an 'art' for driving that eventually allows these rules to become fluid

motion. The researcher then, seeks to research the erotic, in a way that leads to something that is not so much 'rules' to apply, as an awareness that assists and allows therapists to develop an 'art' in engaging with erotic material.

3.2 Research in psychotherapy:

Morrow-Bradley & Elliott (1986) state that traditional research methodologies derived from the physical sciences, are not, in the main, appropriate for investigating psychotherapy. Heaton (2001: 237) argues that *'evidence-based medicine has little relevance to psychotherapy and counselling.'* The researcher would agree with Loewenthal (2006) who whilst being sympathetic to Heaton's argument, does not entirely agree, suggesting it's important for therapists to at least be familiar with current fashions in research methods. However Loewenthal (2006:47) warns against the usefulness of tools such as CORE replacing thoughtfulness and risking the measurement system determining the approach *'rather than what is natural to, the phusis, of psychotherapy.'*

Qualitative research, according to McLeod (2001), is a form of knowing particularly attuned to the study of how aspects of life, such as counselling and psychotherapy, are constructed and reconstructed. *'At its heart, qualitative research involves doing one's utmost to map and explore the meaning of an area of human experience'* (McLeod, 2001: viii). Psychotherapy and qualitative research share a variety of similar skills and techniques: eliciting people's stories, sensitive listening, building up an understanding, checking it out, generating knowledge which McLeod (2001) believes is familiar to therapists: holistic, nuanced, personal, contextualised and incomplete.

3.3 Choosing an exploratory methodology:

Although it is acknowledged that scientific research has much to offer, for example, in the physical sciences, it is clearly not felt to be appropriate when considering something like the idiosyncrasies of human experience with

regard, for instance, to erotic phenomena. McLeod (2003) suggests there are a number of specific issues for researchers to question, including: Is the aim of research the prediction of outcomes or the development of insight and understanding? What kind of research is most relevant for practice?

Given the aims of this research described here already, the fact that this research seeks to explore rather than quantify therapists' personal experience of erotic phenomena, and the complex nature of the erotic as difficult to speak of, define, culturally embedded, and inextricably linked to the relational, it was clear to the researcher that a qualitative method would be much more appropriate for the type of research he was looking to undertake. That is, research that hopes to look and try to see and convey something of what is seen, as opposed to research that seeks to take and try to own; research that aims to have value for developing therapeutic knowledge in practice, rather than more theories to dictate practice.

The following poems from an essay by Suzuki (1960, cited by Yalom 1980: 467) seem to highlight the struggle spoken of so far between our need to know, to understand, and accepting life as it is and engaging with it. They are included here to elucidate the researcher's stance in conducting this research:

The first is a verse by Tennyson:

*Flower in the crannied wall,
I pluck you out of the crannies,
Hold you here, root and all, in my hand.
Little flower – but if I could understand
What you are, root and all, and all in all
I should know what God and man is.*

The second is a seventeenth-century haiku by Basho:

*When I look carefully
I see the Nazuma blooming*

By the hedge!

The first by Tennyson is clearly resemblant of the scientific endeavour toward ever increasing knowledge and understanding. In the desperate need to know, the flower cannot be observed from the crannied wall but is rather plucked out, an act of violence that ultimately kills it. The scientist can take the flower to his lab, dissect and catalogue its constituent parts, label and categorise it and then present his findings to the world in order that it can *know* this flower before ever it sets eyes upon it. Whereas in the second verse by Basho, one merely observes the simple flower that only becomes apparent upon careful inspection, and is appreciated in its context. Initially it is just a hedge, but when one allows oneself to look closer and not assume, but see in more detail, one finds something worth beholding in its simple beauty and is content to be and be with, without having to own and understand.

Anxiety from the need to know then, can be seen to drive man to delude himself and in doing so miss the point. Kierkegaard said: *'Dread is the dizziness of freedom which occurs when the spirit would posit the synthesis, and freedom then gazes down into its own possibility, grasping at finiteness to sustain itself. In this dizziness freedom succumbs'* (1848, in Friedman, 1991: 369).

In this sense, science could be seen as committing violence upon the world and the individual through its quest to grasp at truth, fact and reason. Arguably then, we need to resist the urge to overcome anxiety, fear and dread and recognise the destructive, harmful trick we are playing upon ourselves. Merleau-Ponty wrote:

The world and reason are no problem. They are mysterious, but mystery defines them. There is no question of dissipating the mystery by some solution, for they are prior to solutions. Genuine philosophy is re-learning to see the world, and in this sense a story recounted can signify the world with as much 'depth' as a treatise in philosophy. Our fate is in our own hands. We became responsible for our own history by reflection, but also by a decision in which we commit our life. In

each case the act is violent and is verified only in actual exercise...
(1962, cited by Loewenthal & Snell, 2003:37)

The researcher then, seeks to allow his participants to speak from their place in the world. To resist grabbing at them through narrowly defined scientific procedures that reduce their being to ticks in boxes and statistical computations. To find them instead in their own unique being and look carefully at what they might be able to reveal and contribute towards outcomes that are suggestive rather than conclusive and offer potential options for thinking about the erotic in practice, rather than making claims to be *the* way of engaging with erotic material arising within therapeutic relationships, even if this itself is in reality, at best, only partially achievable.

3.4 Research methods:

Having made an ontological and epistemological argument for deciding to adopt a more phenomenological, hermeneutic approach to inform this study, it was then necessary to decide upon a method the researcher felt was suitable, both for him and the topic. As already indicated above, the very nature of qualitative research has inevitably led to numerous methods within the field, each contributing to the development of this approach to human science. Three of these: Grounded Theory, Heuristics and Narrative Analysis, will now be discussed further with regard to the researcher's consideration of them as possible methods of inquiry for this study, before moving on to IPA, the method ultimately chosen.

3.4.1 Grounded Theory:

Early on in the process, due to an awareness of its prior use in research by colleagues and their apparent enthusiasm for it, *Grounded Theory*, developed by Glaser and Strauss (1967), was the first method contemplated by the researcher for potential use.

Grounded theory is a particular form of systematic inquiry that seeks to develop theoretical ideas through a series of specific, detailed steps: coding, categorising, memoing, theoretical sampling, explicating the story line (McLeod, 2003). Through a process of inductive theory building, grounded in the data itself, it seeks to discover a theory or a model about the phenomenon, emerging from concepts within the data and not from another source (Crotty, 1998). Grounded theory, claims Glaser (2001), is a well-established, widely recognized, credible and rigorous methodology.

A distinctive feature of grounded theory is that researchers are advised not to review the literature prior to undertaking the study. Researchers go to the literature *after* a category has emerged in order to determine if it is there and if so review what other researchers have said about it (Strauss & Corbin, 1990). This does not mean however that the researcher should have no prior knowledge of their subject area at all, no researcher would arrive without any knowledge, but rather would have their own perspectives from which to initiate the investigation. This existing knowledge enables theoretical sensitivity, supporting understanding of data collected throughout the research process (Glaser, 1978). Attempts therefore to avoid preconceptions and remain open minded, aid the researcher in being “*theoretically sensitive so that he can conceptualise and formulate a theory as it emerges from the data*” (Glaser & Strauss, 1967:46).

Though grounded theory is a popular, established method that has been adapted, modified and refined into a number of variant forms (Crotty, 1998), it was felt to be unsuitable for this study. Specifically because grounded theory sets out with the aim of developing a new theoretical-level account of a phenomenon and the researcher is not interested in developing new theories. Rather, to contribute to therapeutic knowledge and understanding of the erotic in a manner that allows for openness to potential and possibility, as opposed to closed-off-ness through construction of a theory to *box* the erotic in and label it as defined and understood.

In addition, from the start the data is broken down into meaning units and then processed further through open, axial and selective coding. This fragmenting

of the data through systematic categorisation left the researcher wondering where the 'individual' who the data represents has gone. Individuals reduced to codes and categories which no longer maintain a sense of the person or their 'story' as a whole. Heidegger (1962) argues that separating out an aspect of human experience for research into understanding in this way, isolates knowing by stripping meaning from the context of being and in objectifying, destroys its essential humanity. The resultant 'map' may therefore provide a structure of participants' experience (Willig, 2008), but omits the nuanced detail, the context of their experience. This does not appear to get heard in grounded theory.

3.4.2 Heuristic's:

The next method appraised by the researcher was Heuristic's, taken '*from the Greek word 'heuriskein' meaning to discover or to find.*' (Moustakas, 1990:9), the heuristic process is a phenomenological research method introduced by Clark Moustakas, that focuses on investigating the human lived experience (Moustakas, 1990).

Heuristic's differs from other methods in that the self of the researcher in the process is an essential, explicit element and present throughout (Moustakas, 1990). '*...From the beginning, and throughout an investigation, heuristic research involves **self-search**, **self-dialogue**, and **self-discovery**; the research question and the methodology flow out of inner awareness, meaning, and inspiration*' (Moustakas, 1990:11).

The research question from a heuristic point of view is said to emanate from the lived experience of the researcher, with the subject having an autobiographical connection and interest to their own lives, and a wish to elicit other people's experience of the phenomenon (Rose & Loewenthal, 2006). For Moustakas, the process of elicitation is underpinned by Polanyi's (1966:4) concept of tacit knowledge '*we can know more than we can tell.*' Moustakas (1990:22) states: '*the tacit dimension underlies and precedes intuition and guides the researcher into untapped directions and sources of meaning.*'

Moustakas (1990) sets out six stages or phases for heuristic inquiry which culminate in a creative synthesis. It is suggested that this creative synthesis can take many forms, including for example '*a narrative, story, poem, work of art, metaphor, analogy, or tale*' (Moustakas, 1990:52).

While the high degree of reflexivity that is a fundamental part of the heuristic approach appealed to the researcher, it was however felt to actively encourage the research to be *too* focused on the researcher from the outset. Though the issue of the researcher's influence on the study is acknowledged and will be explored further in the discussion chapter, at this stage of the process, the researcher was looking for a method that at least allowed for a committed awareness and active attempt to reduce the influence of the subjectivity of the knower, to increase as far as possible the space for 'the other', while at the same time acknowledging that it is not possible to achieve total objectivity.

3.4.3 Narrative Analysis:

Narrative Analysis eventually became of interest to the researcher, who whilst reading McLeod (2001) in order to research possible methods, was struck by the appeal of a method, that in essence, is interested in participants telling their stories and then treating these stories as a primary source of data (McLeod, 2001).

Unlike with grounded theory where data is fragmented through coding and categorisation, narrative analysis, as Mishler (1986) argues, seeks to explore the story as a whole, looking at the way in which it is structured and the interplay and contrast between different meaning within a story; meanings which would be missed by non-narrative approaches that do not view the data as a whole (McLeod, 2001).

It was this idea that chimed for the researcher. Therapists talking of their experiences in working with the erotic, could essentially be telling their 'stories' and these stories could be analysed as a whole, keeping the individual present and acknowledged.

Excited by this simplistic vision of collecting data, the researcher embarked upon learning more about the method and how to implement it by consulting the work of Riessman (2008), Hollway and Jefferson (2000) and Andrews, et al (2008). Despite engaging with these texts, the researcher found himself increasingly at a loss as to 'how' to implement the narrative method. As Squire, et al (2008) write:

Unlike many qualitative frameworks, narrative research offers no automatic starting or finishing points. Since the definition of 'narrative' itself is in dispute, there are no self-evident categories on which to focus as there are with content-based thematic approaches, or with analyses of specific elements of language. Clear accounts of how to analyse the data...are rare...In addition, unlike other qualitative research perspectives, narrative research offers no overall rules about suitable materials or modes of investigation, or the best level at which to study stories (2008:1).

Feeling increasingly anxious about his ability to utilise narrative analysis as a method, it was at this point that the researcher attended a presentation on Interpretative Phenomenological Analysis (IPA), and in doing so, found the method somehow spoke to him in a way that chimed with his ontological and epistemological position (already explicated in this chapter). As a novice researcher, narrative research was discounted due to being in its early stages of development and having no clear method associated with it, therefore failing to provide the kind of guidance the researcher felt he required at this stage.

The chosen research method will now be explicated in order to make clear its theoretical underpinnings and its perceived suitability, both for the research area and the researcher himself.

3.4.4 Interpretative Phenomenological Analysis:

IPA is a relatively 'young' approach to qualitative analysis (Larkin et al, 2006) concerned with the detailed examination of human lived experience, originating from within psychology and developed by Smith (1996).

Data collection normally occurs through semi-structured interviews, followed by systematic case by case analysis of the transcripts, which are then turned into a narrative account of the findings, supported by verbatim extracts (Smith et al, 2009).

There are three theoretical perspectives central to IPA: phenomenology, hermeneutics, and idiography. It is important to consider each of these in turn, in order to understand how the method draws upon them.

3.4.4.1 Phenomenology:

Phenomenology is the philosophical approach to the study of experience; what the experience of being human is like; what our experiences of the world are (Smith et al, 2009). Though phenomenology could be mistaken for a theory itself, it is essentially an attempt to resist theorising from the outset, calling rather for a stance that creates a space for concern to how things unfold to consciousness (Husserl, 1927; Heidegger, 1962; Merleau-Ponty, 1962).

IPA is informed by the thinking of several prominent phenomenological philosophers.

Husserl:

Firstly, IPA follows the lead of Edmund Husserl's attempt to go 'back to the things themselves'. Husserl (1927) was interested in how a person might come to know their own experience of a given phenomenon, with such depth and rigour that might allow them to identify the essential qualities of that experience, to focus on things in their own right, rather than take them for granted with pre-existing assumptions, but to 'bracket' these out instead.

Husserl's (1927) method involved a series of 'reductions' with each phase offering a different view of the phenomenon and leading the inquirer away from the distraction of their prior assumptions and towards the essence of their experience, a method termed 'eidetic reduction'.

Smith et al (2009) claim Husserl's work assists IPA researchers in focusing centrally on the process of reflection. *'While Husserl was concerned with the essence of experience, IPA has a more modest ambition of attempting to capture particular experiences as experienced for particular people'* (Smith et al, 2009:16).

Heidegger:

The second philosopher whose work IPA draws upon is Heidegger (1962/1927), who is regarded as setting out the beginnings of the hermeneutic and existential emphases in phenomenological philosophy, and who questioned the possibility of any knowledge outside of an interpretative stance.

Heidegger (1962/1927) uses the term Dasein (literally 'there-being') to denote the uniquely situated quality of 'human being'. For Heidegger the issue is with the ontological question of existence itself and the activities and relationships we are engaged in, and through which the world is seen and made meaningful (Smith et al, 2009). *'Phenomenology is our way of access to what is to be the theme of ontology, and it is our way of giving it demonstrative precision. **Only as phenomenology is ontology possible**'* (Heidegger, 1962/1927:60). Heidegger views the person as always and indelibly a worldly 'person in context', always somewhere, always located, always amidst and involved (Larkin et al, 2006). He describes the world as one ready to be used by the individual, with objects ready to hand to be exploited *'Such entities are not thereby objects for knowing the world theoretically, they are simply what gets used, what gets produced, and so forth'* (1962/1927:95).

Heidegger rejects the Cartesian divide between subject and object. Dasein is 'always already' *thrown* into this pre-existing world of people and objects, language and culture, and cannot be meaningfully detached from it (Smith et

al, 2009). Dasein is intersubjective, referring to the shared, overlapping and relational nature of our engagement in the world. It is not possible to choose to move outwards from an inner world to take up a relationship with the outer world, because relatedness-to-the-world is a fundamental part of our constitution (Smith et al, 2009). Heidegger (1962/1927) writes:

Dasein is essentially being-with...Even Dasein's being alone is being with in the world. The other can be missing only in and for a being with. Being alone is a deficient mode of being with; its very possibility is the proof of this (1962/1927:156-157).

Merleau-Ponty:

Whilst echoing Heidegger's wish for a more contextualised phenomenology, Merleau-Ponty (1962:106) emphasised the *embodied* nature of our relationship to the world as *body-subjects*: *'The body no longer conceived as an object in the world, but as our means of communication with it.* This then leads to the primacy of our own individual situated perspective on the world: *'All my knowledge of the world, even my scientific knowledge, is gained from my own particular point of view, or from some experience of the world without which the symbols of science would be meaningless'* (Merleau-Ponty, 1962:ix).

For IPA researchers therefore, while it is possible to observe and experience empathy for another, it is never possible to share entirely the other's experience, owing to their experience belonging to their embodied position in the world (Smith et al, 2009).

Sartre:

Finally the work of Sartre is felt to be significant in extending Heidegger's emphasis on the worldliness of our experience. For Sartre (1956/1943) the concept of *nothingness* is important in that things that are absent are of equal importance to those that are present, in defining who we are and how we perceive the world. Sartre develops the context of personal and social relationships, in order to better understand our experiences as contingent

upon the presence, and absence, of our relationships to other people (Smith et al, 2009).

Thus through the work of all these writers, we have come to see that the complex understanding of 'experience' invokes a lived process, an unfurling of perspectives and meanings, which are unique to the person's embodied and situated relationship to the world. In IPA research, our attempts to understand other people's relationship to the world are necessarily interpretative, and will focus upon their attempts to make meanings out of their activities and to the things happening to them (Smith, et al, 2009:21).

Phenomenology then, calls into question what is taken for granted and endeavours to reach us inside the imprisonment of our cultural construction and open our eyes. Though culture enables functioning within the world, it also restricts and limits that functioning through its determined meanings, symbols and systems of belief. As Ortega y Gasset (1958:101) states: *'Thanks to culture, man has gotten away from himself, separated himself from himself; culture intervenes between the real world and his real person.'* According to Marx (1961:67) the enormity of cultural implications on being are clear when he states: *'It is not the consciousness of men that determines their being, but, on the contrary, their social being determines their consciousness.'*

Phenomenology requires us to look in a way that seeks to see all that comes towards us, rather than simply that which we recognise. In the face of the familiar, phenomenology asks us to wonder what about it might be unfamiliar, to open ourselves to bearing doubt, uncertainty and unknowing. Rather than take short cuts to expedite our journey, it urges us to wander down country lanes and off the beaten track, to risk getting lost in the hope of what might be found.

Phenomenology seeks to return essences to their fundamental existence without the layers of theory and causal explanations that obfuscate their essential nature (Merleau-Ponty, 1962). As Marton (1986:40) states: *'It is the task of phenomenology...to make us conscious of what the world was like before we learned how to see it.'* It is due to the fact that we are so thoroughly

immersed in relationships within the world, states Merleau-Ponty (1962:xiv), that we need to suspend or put these *'out of play'* so that we might create the opportunity to become aware. *'In order to see the world and grasp it as paradoxical, we must break with our familiar acceptance of it'* (Merleau-Ponty, 1962:xv). In Husserl's own words: *'I must lose the world by epoch , in order to regain it by a universal self-examination'* (1931, in Friedman, 1991:83).

It is evident to the researcher that having set out the aims of the phenomenological endeavour, a certain tension exists in this research. This tension arises between an attempt to adopt a phenomenological approach, while at the same time acknowledging a psychoanalytic perspective is present throughout. This can be seen to influence the research both through the literature review, heavily weighted towards this modality, and also the impact of psychoanalytic theory on the researcher himself. The concepts of erotic transference and countertransference are employed as a means to aid understanding amongst participants of the phenomena the researcher seeks to explore, while psychoanalytic theory informs the interpretations made through analysis of the data. Though this did not prevent a dedicated attempt to follow the phenomenological method, it is felt important to acknowledge the tension exists.

Having considered phenomenology, the contribution of hermeneutics to the IPA method will now be considered.

3.4.4.2 Hermeneutics:

The second major influence on IPA is hermeneutics, the theory of interpretation, originally stemming from attempts to interpret biblical texts, and subsequently developed to consider a wider range of texts (Smith et al, 2009). Kearney (1991) writes:

Hermeneutics is...a method for deciphering indirect meaning, a reflective practice of unmasking hidden meanings beneath apparent ones...it was radically redeployed by modern thinkers like Dilthey,

Heidegger, Gadamer and Ricoeur to embrace man's general being in the world as an agent of language (1991:277).

Smith et al (2009) draw on the works of Schleiermacher, Heidegger and Gadamer to inform IPA's interpretative element.

Schleiermacher:

For Schleiermacher (1998), interpretation is a craft combining a range of skills, including intuition. Understanding the writer as well as the text is part of the process and Schleiermacher believes through a detailed, comprehensive and holistic analysis, the interpreter can achieve *'an understanding of the utterer better than he understands himself'* (1998:266). Smith, et al (2009:23) caution against claiming analyses are more 'true' than the claims of the participants, but rather to consider how analyses *'might offer meaningful insights which exceed and subsume the explicit claims of our participants.'* These interpretations however must always be grounded in and stem from the participant's data (Smith et al, 2009).

Heidegger:

Heidegger's further importance to the work of IPA, is said to be firstly, in his formulation of phenomenology as an explicitly interpretative activity (Smith et al, 2009), seeking meaning perhaps hidden by the entity's mode of appearing (Moran, 2000). For Heidegger *'hermeneutics is the revelatory aspect of 'phenomenological seeing' whereby existential structures and then Being itself come into view'* (Crotty, 1998:96). Appearance has a dual quality for Heidegger; things can have both visible and concealed or hidden meanings (Smith, et al, 2009). It is the need for interpreting the latent content as well as examining the manifest element that for Heidegger, links phenomenology with hermeneutics (Moran, 2000).

Secondly, the impact Heidegger's 'unpacking' of the relationship between interpretative work and the fore-structure of our understanding, has on the notion of 'bracketing' (Smith, et al, 2009). *'Whenever something is interpreted as something, the interpretation will be founded essentially upon the...fore-*

conception. An interpretation is never a pre-suppositionless apprehending of something presented to us' (Heidegger, 1962/1927:191-192).

Thus the interpreter can never look without the influence of their prior experience and this understanding can help IPA researchers to see a more enlivened form of bracketing, both as a cyclical process (owing to the researcher's inability to be aware of all their preconceptions at once) and only partially achievable (Smith, et al, 2009).

Gadamer:

In addition to echoing Heidegger's thoughts about the impact of fore-structure on the interpreter's interpretation, for Gadamer (1989/1960), emphasis on the importance of history and the effect of tradition on the interpretative process is stressed. He is sceptical of Schleiermacher's claim that the interpreter can know the author better than they know themselves, due to the historical gap; thus interpretation is a dialogue between past and present (Smith, et al, 2009).

However, Smith, et al (2009) argue that the texts Gadamer refers to were normally written in a previous historical age, unlike those used by IPA researchers, which are normally contemporary, produced in the recent past by a request from the researcher and not driven by the author. Under these circumstances Smith et al (2009) suggest that Schleiermacher usefully speaks across the centuries about a process of analysis geared to learning about both the person providing the account and the subject matter.

The Hermeneutic Circle:

Finally, with regard to the process of interpreting in IPA, it's important to consider the key idea in hermeneutic theory of: the hermeneutic circle. This concept concerns the dynamic relationship between the part and the whole, where to understand one you have to look to the other, thus resulting in an inherent circularity where understanding develops through moving round the circle from the whole (the research) to the part (researcher/participant/data), and on round to the whole, in ever increasing (developed) circles (Smith et al, 2009). Referring to this process, Gadamer (1989) writes:

Thus the movement of understanding is constantly from the whole to the part and back to the whole. Our task is to expand the unity of the understood meaning centrifugally. The harmony of all the details with the whole is the criterion of correct understanding. The failure to achieve this harmony means that understanding has failed (1989:291).

Smith et al (2009) suggest the hermeneutic circle provides a useful way of thinking about method for IPA researchers in that the process of analysis in IPA is iterative, moving back and forth through different ways of thinking about the data, rather than a linear completion of one step after another. In IPA it is said (Smith et al, 2009) that the researcher engages in a double hermeneutic given that the researcher, is trying to make sense of the participant, trying to make sense of what is happening to them.

The first two major influences of IPA then have been considered. As Smith et al (2009:37) state: *'...IPA requires a combination of phenomenological and hermeneutic insights...Without the phenomenology, there would be nothing to interpret; without the hermeneutics, the phenomenon would not be seen.'*

3.4.4.3 Idiography:

The final major influence upon IPA to consider is idiography. Whereas most psychology is 'nomothetic' in that it is concerned with making general claims, idiography is concerned with the particular. IPA seeks to understand the experience of particular people, in a particular context (Smith et al, 2009). It is for this reason that IPA is conducted with a small number of participants, selected to achieve a relatively homogenous sample, from which data is examined in detail for convergence and divergence within and between cases.

It is this concern with the particular, with the individual, that appeals to the researcher. Smith et al (2009:32) state: *'IPA adopts analytic procedures for moving from single cases to more general statements, but which still allow one to retrieve particular claims for any of the individuals involved.'* According to Smith et al (2009:38), a good IPA study should account for not only shared themes, but also *'distinctive voices and variations on those*

themes.' As already stated earlier in this chapter, the researcher was keen to find a method that maintained the presence of the individual, rather than losing them amongst codes and categories.

In addition to the idiographic appeal, IPA was chosen by the researcher due to its phenomenological perspective, which allows for the research to be conducted and analysed in a manner concordant with the researcher's epistemological and ontological stance that has gradually revealed itself to him throughout the research development process for this double study. Also, its acknowledgement of the active and reflexive role the researcher unavoidably has in the research process, and the provision by Smith et al (2009) of a step by step description of how the research should be undertaken, were also factors leading to its selection. The latter was of significant importance to the researcher encountering research for the first time.

Having identified the method as IPA, the next step is to illustrate how the method was employed to conduct the study. The steps taken to achieve this are detailed in the research design section of this chapter that follows.

3.5 Research design:

In this section of the chapter the steps taken in order to carry out the research exploring psychotherapists experiencing of erotic phenomena emerging within therapeutic relationships in their practice, and the implications of training and development upon helping or hindering this experiencing, using IPA for both studies are described. Through developing the research questions; completion of research proposals and ethics applications; recruitment of participants; conducting interviews and their subsequent transcription, the process undertaken in order to end up with the data for analysis is described.

Developing the question for the first study was undertaken over a period of several months through weekly meetings with a research supervisor and fellow research peers. This process allowed for lengthy discussion and exploration of the subject area and for the explication and challenging of the

researcher's own bias and vested interest in the research topic. As an individual identifying as homosexual, it is of no surprise, but nonetheless important, to be mindful of how the researcher's own underlying biography, of years spent struggling with issues of sexuality and identity, and a yearning for someone to provide the opportunity to reveal this inner turmoil, implicates his desire to question and explore psychotherapists' experience of engaging with erotic material in practice already described in the introduction.

The question for the second study stemmed from the researcher's interest in further exploring findings generated by the first study and was subject to the same process of weekly meetings with a research supervisor and peers, in addition to regular meetings with an individual supervisory team.

Having developed the questions, in each case, attention was then turned to the practical aspects of designing and conducting the study. The following outlines the steps undertaken in order to both gather and transcribe the data.

3.5.1 Participants:

Eight UKCP registered psychotherapists were recruited for each study as it was felt this was both an appropriate number in order to collect enough data to provide adequate description, while at the same time not collecting so much data so as to prevent in-depth elucidation, but also because this was in line with perceived expectations of the university and similar to the numbers fellow researchers were aiming for in their studies.

In IPA, participants are selected purposively for their perceived ability to grant the researcher access to the phenomena under study (Smith et al, 2009). The decision to recruit UKCP registered psychotherapists was based upon several factors. Firstly, the researcher is training to qualify as a psychotherapist meeting the standards of UKCP for registration. The researcher therefore was interested in recruiting participants who regard themselves as psychotherapists and who have undertaken training and development to meet the requirements for UKCP. Use of the terms training and development in the context of this study, refer both to the various

components making up a professional psychotherapy training, but also the general, holistic development of the individual's personhood, where they have come from and the influences their life experiences have had upon them as psychotherapists.

UKCP (2012) policy and guidance outline the mixture of elements comprising training and development of psychotherapists eligible for accreditation with their organisation. These are:

- i. Theoretical study through assessed academic components at postgraduate masters or masters' equivalent level.
- ii. Personal therapy throughout the duration of the course.
- iii. Clinical practice through appropriate placement(s).
- iv. Supervision of clinical practice.
- v. Continued professional development (CPD) through a commitment to life-long learning.

(There are minimum requirements in terms of hours needed for each of the above components.)

Secondly, the researcher was seeking to achieve a relatively homogenous sample in line with the requirements of the IPA method chosen. Due to the much wider variance in training and development attained by BACP registered practitioners, resulting from BACP's lower thresholds for registration, this was not felt to be a suitable register to recruit a homogenous sample from. Thirdly, the researcher wanted to increase the likelihood of participants having experienced erotic material emerging within the therapeutic relationship and due to his perceptions of this phenomena occurring not exclusively, but perhaps more noticeably, in therapeutic relationships of longer duration and depth, it was felt 'psychotherapists' rather than 'counsellors' might be more likely to have a sense of having encountered this. Psychotherapists' are defined by the UKCP (no date) in terms of their difference to counsellors':

There is a general understanding that a psychotherapist can work with a wider range of clients or patients and can offer more in-depth work where appropriate. UKCP believes the difference lies in the length and

depth of training involved and in the quality of the relationship between the client and their therapist.

The initial stage of the process for recruiting participants for each study involved completion and approval of the university's ethics application (see appendix A for study one and B for study two) which for study one also acted as the research proposal. For the second study, an RDB1 and RDB2 were required. The RDB1 set out an initial summary of the research interest proposed while the RDB2 developed this into a full research proposal for approval by the university.

With regard to ethical issues, McLeod (2003:168-169) states the importance of giving consideration to ethical and moral implications of all aspects of the study, with the crucial question being *'What will this experience be like from the point of view of the research participant or informant?'*

With this in mind, the researcher consulted the UKCP (no date) code of ethics as a guide. The code states that participants should be made aware of the nature, purpose and conditions of the research and that informed and verifiable consent is obtained before taking part. Participants were therefore provided with a briefing document and asked to sign a letter of consent, prior to commencement (see appendix A&B).

Encouraging participants to think and speak of their experiences could prove unsettling for them. McLeod (2003) states it is the researcher's responsibility to take steps to ensure the well-being of participants. Following interviews therefore, participants were given a de-briefing document (see appendix A&B) offering them time immediately after the interview to discuss any concerns, and also providing information on how further assistance may be sought if required.

A risk assessment was also completed for both studies (see appendix A&B) considering the welfare of both participants and the researcher. The UKCP (no date) code of ethics also states the importance of maintaining confidentiality and protecting the anonymity of participants. Due consideration was therefore given to this and detailed in the ethics applications for both

studies (see appendix A&B). Following approval of the ethics application, the researcher proceeded to recruit participants.

3.5.1.1 Study one participants:

Using a list of therapists obtained from the '*find a therapist*' section of the UKCP website, the researcher selected one hundred of these based upon their relative geographical location to him. This was to ensure both time and travelling costs were reduced as much as possible. No preference was given to therapist orientation, gender, or length of time qualified as the researcher was hoping to achieve a general mix of participants and was not seeking to control variables. However those therapists listed as either Child or Family Systemic therapists were deliberately not included due to the researcher wanting to focus on therapists working in one to one therapy with adults. This is not to suggest the researcher is making any claim about the erotic being present or absent in these other areas of work.

These one hundred therapists were then sent an 'invitation to participate' letter (see appendix A) giving a brief outline of the research and contact details, for those interested, to respond to. The number of letters sent reflected the researcher's understanding of the likely response rate from a 'mail-drop'.

Five participants were recruited this way, with a sixth respondent being politely declined having made contact several weeks after the interviews had been conducted and transcribed. A further three participants were recruited through 'opportunistic sampling', in that they were UKCP registered psychotherapists known to the researcher through his psychotherapy placement. Table one, below, shows the participants making up the sample for study one (names have been changed to maintain confidentiality).

Table one: Participants for Study One			
Code	Gender	'Name'	Theoretical orientation
A	Female	<i>Sarah</i>	Integrative
B	Male	<i>John</i>	Transpersonal
C	Female	<i>Amy</i>	Integrative
D	Male	<i>James</i>	Gestalt
E	Female	<i>Lauren</i>	Humanistic & Integrative
F	Female	<i>Helen</i>	Humanistic & Integrative, Transactional Analysis
G	Female	<i>Lisa</i>	Integrative
H	Female	<i>Gemma</i>	Integrative

3.5.1.2 Study two participants:

Using the same means to generate a list of psychotherapists as described for study one, and omitting the names of those who had already participated, the researcher compiled a list of two hundred names this time. This was due to the fact that he was targeting largely the same geographical area as before and it was felt those who had declined to respond before could be reasonably expected to decline to respond again. Initially one hundred and sixty-seven psychotherapists from the list were sent an 'invitation to participate' letter (see appendix B) giving a brief outline of the research and contact details for those interested to respond to. These therapists were made up of all the eligible therapists listed for the researcher's home county and most immediate neighbouring county. When it was felt the response from these was not likely to generate all eight participants required, the further thirty-three letters were sent to eligible therapists several miles into the second neighbouring county. This staggered approach to mailing was used to avoid over-recruiting.

Eight participants were recruited this way, although one of these, though they had been included in the mail-drop, actually responded following

encouragement to do so from another participant in this group who knew them personally. A ninth respondent was politely declined after contacting the researcher several months after the interviews were conducted. Table two, below, shows the participants making up the sample for study two (names have been changed to maintain confidentiality).

Table two: Participants for Study Two			
Code	Gender	'Name'	Theoretical orientation
J	Female	<i>Donna</i>	Transpersonal
K	Male	<i>Mark</i>	Cognitive Behavioural
L	Female	<i>Sue</i>	Transpersonal
M	Male	<i>David</i>	Existential
N	Female	<i>Sally</i>	Gestalt
P	Female	<i>Fiona</i>	Psychoanalytic
Q	Female	<i>Nicky</i>	Integrative
R	Male	<i>Luke</i>	Integrative, Transpersonal

What seems to be an interesting observation to the researcher regarding his participants, is that despite the overwhelming majority of the literature (as highlighted in the earlier theory chapter) coming from the psychoanalytic discipline; only one participant out of the sixteen making up the two studies was a psychoanalytic psychotherapist, and, this psychotherapist is the participant who did not initially respond of their own accord to the researcher's mailing, but did so subsequently, following encouragement from another therapist.

3.5.2 Interviews:

As has already been identified, personal reflexivity is an important aspect of the research process in order to actively attempt to reduce the impact of researcher bias. For this reason, prior to conducting both sets of interviews and in addition to regular exploration of this issue in weekly research meetings, the researcher used supervision sessions with his research supervisors to examine his own values, aims, beliefs and interest in the research in an attempt to highlight and bracket these off as much as could reasonably be claimed possible.

Smith et al (2009) state that an interview schedule, preparing for the likely content of the interview and setting out the questions the interviewer would like to ask, is typically (though not always) used in IPA. Approaches to qualitative data collection need to be flexible and open-ended enough to allow participants to speak freely and reflectively, in order to tell their stories and to ensure there is space for unanticipated participant-generated meanings to emerge and be heard (Willig, 2008). Kvale (1996) also suggests that preparation for interviews is important in order that the researcher may steer and define the situation, but also that the more spontaneous the structure of the interview, the more spontaneous and lively the responses are likely to be. For these reasons, the researcher chose to avoid preparing a formal interview schedule for the first study and instead opted to ask participants to speak generally about their experiences; though the researcher thought about several potential questions for use as prompts if required to focus the participants in certain areas if necessary. In this sense the researcher was attempting to facilitate freedom of expression in line with IPA's inductive approach and to allow for the unanticipated and unexpected to emerge.

For the second study however, the researcher decided to prepare an interview schedule (see appendix C), the reasons for which were twofold. Firstly, because the researcher specifically wanted to ensure each participant considered and spoke about various aspects of their training and development; secondly, because Smith et al (2009) advise researchers against getting caught up interpreting during the interview, but rather to save

this for the analysis afterwards. Upon reflection the researcher feels he may have been too involved in this way during the interviews for study one, and therefore felt a structure might help reduce anxiety by allowing him to ask a question and leave it to the participant to explore and answer, knowing that the next question was ready and waiting when needed and therefore lessened the sense of pressure to keep the participant talking and engaged.

The interview schedule was forwarded to a fellow research peer also using IPA as their method, who considered the schedule and provided feedback for amendments prior to the final draft and its use in interviews.

In addition to the above described preparation for the interviews, Smith et al (2009) also speak of the need to ensure participants feel relaxed and comfortable in order that they might speak freely during the interview. For this reason the researcher started the interviews in the first study by explaining his use of the term erotic through reference to the psychoanalytic theory of erotic transference and countertransference. This resulted in some initial exchange between interviewer and interviewee that allowed for the development of basic rapport and also aided participants understanding of the research area they were being asked to speak of.

For the interviews in study two, the researcher began by offering an explanation of how he was using the term erotic, again referring to erotic transference and countertransference; what he meant by training and development; and a brief explanation of the method being used and therefore the stance taken throughout the interview in trying not to interpret and not to be too involved in the interview, but allow them to speak freely. The researcher then asked each participant to speak initially about an example of the erotic in their practice, both to ensure the participants were clear about the topic being researched when it came to speaking about their training and development later on; and also to provide an opportunity to develop rapport and for them to become more relaxed and comfortable talking (Smith et al, 2009). Upon reflection, the researcher is aware that he could have asked the participants to *tell him* what *they* considered to constitute training and development and thereby increase the opportunity to allow for wider aspects

to emerge. The researcher could have then asked participants to speak of any areas he wished them to cover that had not arisen from their view.

The interviews for both studies were conducted at venues chosen by the participants, thirteen of which were their own homes, two were conducted in counselling rooms at the researcher's placement and one was conducted at the home of the researcher. Interviews lasted between approximately forty minutes and one hour and ten minutes, with the majority lasting about one hour.

3.5.3 Transcription:

Smith et al (2009) suggest transcribing the first interview fully before conducting any further interviews, in order to allow for a review of the interview schedule and to make amendments if necessary. Although the researcher did not have a formal interview schedule in the first study, this approach was adopted. However, reflecting upon the interview process of study one ahead of conducting the interviews for study two, the researcher felt he had been overly influenced by each interview in turn, to the extent that this had impacted upon the degree to which he felt able to bracket out previous participants' accounts during subsequent interviews.

Smith et al (2009) warn of the danger of 'methodolatory' in which a method becomes glorified and instead encourage researchers to be flexible and creative with the guidelines they provide for conducting research using IPA. For this reason the researcher decided not to transcribe the first interview ahead of others in study two, and instead conducted all of the interviews, reflecting on each briefly after the event, before putting them aside and from his mind as far as possible and concentrating on the next. Transcription was then started once all eight interviews were completed (for an example of an interview transcript from both studies, see appendix D).

Each of the fully transcribed interviews (IPA does not require a detailed transcription of the prosodic aspects of the interview recording) were then

used as the data for analysis. Analysis in IPA occurs through employing a series of six steps with the transcripts as described by Smith et al (2009). The steps in order are: *Reading and re-reading*, *Initial noting*, *Developing emergent themes*, *Searching for connections across emergent themes*, *Moving to the next case* and *Looking for patterns across cases*. These six steps are detailed in the next chapter.

This chapter has shown how ontological and epistemological perspectives were explored and developed in light of the implications of the intention to conduct research into individuals experiencing of the difficult to define and speak of, erotic phenomenon. The process of choosing a phenomenological, hermeneutic methodology and arriving at IPA as a method felt suitable to both the research topic and the researcher's methodological stance, along with a description of how this was employed to conduct both studies has been set out. The next stage in this research process is the analysis of the data through utilising the IPA method and presenting the findings produced, details of which can be found in the following chapter.

Chapter 4: ANALYSIS & FINDINGS

In this chapter the data analysis is presented to show how the six steps of the IPA method were employed in order to analyse the data gathered. There were two studies. The first asked psychotherapists to speak about their own experience of erotic phenomena emerging within therapeutic relationships in their practice. The second explored the implications of training and development upon helping or hindering this experiencing. Examples of data at different stages of the analysis, using one participant from the second study for consistency, are provided. Due to word limitations, similar examples for a participant from the first study and full '*Master table of super-ordinate themes*' for both studies, are provided in the appendix. This is then followed for both studies, by an interpretative narrative account of the findings generated by the analysis and supported by verbatim extracts from the transcripts.

4.1 Analysis:

Analysis in an IPA study occurs through a series of steps, generally followed for each individual case before moving on to the next, integrating cases only in the latter stages of the process (Willig, 2008:57). In this way the analysis respects the idiographic nature of IPA. The following outlines the steps taken by the researcher, in line with guidance provided by Smith et al (2009):

- Step 1 - The audio recording of the interview was listened to in full, followed by reading and then re-reading of the transcript which was printed out so that there was a wide margin to the right and a smaller margin to the left (see table one below).
- Step 2 - At the same time as undertaking step one, initial noting was started in the right margin space as thoughts came to the researcher, developing this with each reading by examining semantic content and language use on an exploratory level; producing a comprehensive and detailed set of notes on the data; using an almost free textual analysis approach in which there are no rules about what is commented upon. Descriptive,

linguistic and conceptual commenting, looking at what the participant is talking about, how they use language and interpreting concepts to try and make sense of their account (see table one below).

Step 3 - Having made these detailed notes on the right of the data, the left hand margin was then used to develop emergent themes in which the volume of detail was reduced while maintaining complexity, through a shift towards working more with the initial notes rather than the transcript itself, to produce a concise, brief statement that captures understanding of both the participant's words and the researcher's interpretation (see table one below).

Data analysis up to and including step three, is illustrated for the reader in table one through an extract taken from the analysis for participant L in study two. (See appendix E for an example taken from participant D – study one).

Table 1: Data analysis up to and including step three		
<u>Possible themes</u>	<u>Original transcript – Participant L</u>	<u>My comments</u>
Deluded therapists convinced they're engaging erotic when just speaking sex words.	I: And do you think, do you think that was addressing the erotic in terms of erotic transference and counter transference? L: Hmmmm, I don't think it was really. I: Or do you think that was just exposing you to words and things and saying that it's ok to talk about the penis and the sex and the..... L: Yes, yes, and this is what we're...exactly, you know, we're treating couple who've got sexual problems so we've got to be open about all this and talk about it and watch films about it and all that, yeah, so no, it missed on that, more subtle, ummm, area that we're talking about here. And then I did a transpersonal training which was lovely (laughs) but it was very transpersonal. So, ummm, everything was symbolised beautifully, so we never really engaged hugely with, I wouldn't say, you know, what's going on here in the room, with our clients, it wasn't to do with, Jungian concept much more. Errrr, and then I did an integrative psychotherapy, training which was much more nitty gritty, so, we got to grips with a lot more personal stuff than that. But I think there was still the reluctance, with most of us	Desensitisation leading to robotic application. Exposing trainees to rid them of all the acute feelings and reactions, fooling them into thinking they are working with something when in fact they are hiding behind a defensive stance or application that protects them from actually living & feeling the erotic pull.
Defuse the erotic charge to make it clean and safe.		
Safe distance created through transfer of erotic to further away.		Beautiful symbols to transform the mucky, shameful erotic into something nice and safe – distancing.
Training that got down & dirty with the erotic.		Not clean, safe, nice. Rough, dirty, abrasive – power to scar. Got to grips with it – felt like she engaged this time –

<p>Training that touched the erotic – felt it.</p> <p>Training removing self from the picture.</p> <p>Personal experiencing facilitating development. Experiential to connect and feel. Experiential to reduce isolation & connect. Touch & feel over think & theorise.</p> <p>Experiential for opportunities theory will never teach. Bodily response valuable.</p>	<p>on that training to talk about our own experiences of being therapy and how we felt the erotic material, turned up. We were ok talking about clients, because that was, that bit more removed. So there's, there very distinct areas I think of difference, from, my experience anyway.</p> <p>L: Can you say a little more about that training in, in, you know, we got to grips with the nitty gritty. How would you say you got to grips with, erotic transference, counter transference? How as that dealt with? How were you exposed to it, to the idea of it?</p> <p>L: I, I think because we did a lot more experiential and personal work on the training, so a lot of our own history and our own backgrounds, came, out, and were worked with in the group setting and in personal therapy, within a group setting. Sexual material was more available for us to look at, in ourselves and in, with each other. So, we were more in touch with what it felt like. You know, from, uhh, we got away from theorising I think, in that training a lot more. It's, I'm not sure how much it's, it helped me come to terms with how to handle it, because I think it, what it did was to trigger off, for all of us, very powerful feelings towards different trainers and, our own experiences.</p>	<p>touched it, held it, felt the grit. Still depersonalised, still felt a distance was kept. Still not going all the way, being true to themselves, still making it about them = reduces anxiety?</p> <p>Experiencing personally rather than hiding behind theory. Experiential allowed to get more in touch with self – to feel, see & sense herself with others AND to see others, not be alone, recognise similar in others. To touch & feel rather than just think and theorise. Firsthand experience of feelings and their power. Touching/feeling the erotic in a way pure theory will never be able to provide & teach/learn from.</p>
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Step 4 - Searching then began for connections across emergent themes to develop a charting, or mapping of how themes were felt to fit together. To achieve this, the emergent themes from the left margin were typed up in chronological order, printed out and cut up into individual pieces of paper. The themes were then placed in clusters of similar meanings or understandings, leading to main themes for the participant emerging and noted, as illustrated in table two below for participant L from study two (see appendix E for an illustration of this step for participant D from study one).

Table 2: Table of super-ordinate themes and themes from participant L – Study 2

Positive training and development:

Training that encouraged the erotic, opened the door
Real and present trainers *with* them, authentic
Trainers leading by example
Agent of change
Group learning as supportive and normalising, not alone
Experiential: opening, releasing, tolerating
Experiential learning as real learning: valuable
Experiential as touch, feel and connect
Challenging and nurturing at the same time
Creation of safe environment to explore the unsafe
Training enabling to tolerate rather than run from erotic
Supervision as containing & holding
Supervision as confession
Supervision as a place to see
Non-orthodox therapist been most valuable
Erotic as being something to be allowed, rather than captured

Negative training and development:

Hit and miss: not all trainings created equally, subject to
Theoretical as think and theorise: avoid
Theory to objectify
Theory as somewhere to hide behind: a defence
Theory as violent
Theory turning erotic into technique: sex talk
Erotic untouched: no room for experiential
Trainers lack of awareness over powerful erotic
Erotic translated and transformed to make nice: made foreign
Humour to desensitise the erotic: not taken seriously
Own negative experience in personal therapy
Not all supervisors can meet her: pot luck
Supervision as abusive to self and client

Cultural impact:

Creating a sense of being abnormal, pathological
Concepts of gender & sexuality getting in the way
Erotic as difficult to speak of: cultural shame. taboo
Fear of breaching societies rules

Permission:

Training made it permissible to explore
Therapists failed to allow exploration of erotic phenomena: denied
Erotic as unspeakable in own therapy
Respected expert showing the way and elevating the erotic to respectful
Supervisor as normalising erotic as expected
Permission to speak its name

Step 5 - Analysis then moved to the next case where steps one to four were repeated, and so on for each case until main themes were produced for all participants.

Step 6 - The main themes for each participant were then used to look for patterns across cases to ascertain connections and highlight the most potent themes. This produced super-ordinate themes and associated themes representing the whole group and these were used to create a master table of themes which informs a narrative account of the findings. Below, in table three, is an abridged version of the master table for study two, showing super-ordinate themes and the associated sub-themes (see appendix E for full versions illustrating the themes for both studies).

Table 3: Master table of super-ordinate themes – Study 2

Theme 1. Power and authority

Permission

Trust

Inhibiting

Protect and keep safe

Theme 2. Dead or alive?

Erotic?

Ticking the box

Theory to avoid

Theory as limiting

Theory vs experience

Theme 3. Impact in real terms

Unprepared and vulnerable

Talk the talk

To tolerate the anxiety

Erotic as beneficial to the therapeutic endeavour

4.2 Findings:

Having produced the master table of themes for the group, this was then used to produce an account of the findings. In writing up the findings of an IPA study, Smith et al (2009) state that the researcher needs to provide a narrative account of the participants' experience and what it means, through an interweaving of interpretative analytic commentary and raw extracts from the data.

For larger samples involving more than six participants, Smith et al (2009:114) suggest a group-level analysis of the themes '*summarizing, condensing and illustrating what you consider the main themes to be.*'

Taking each master theme in turn, a generic account of the theme is provided, addressing what 'most' or 'many' of the participants' were saying. This is then supported and illustrated by a selection of verbatim from the data that is felt to represent the range of views from the group. Proportionate sampling of extracts attempts to allow for each participant's voice to be heard. Extracts which reflect the core of participants' experiences are used, alongside additional quotes to illustrate contradiction and complexity where appropriate. In considering how the verbatim relates to the generic text, the researcher is working within the hermeneutic circle, constantly shifting between the part and the whole (Smith et al, 2009).

4.2.1 Study one:

Analysis of the data for the first study produced five super-ordinate themes, as shown below in table four, with sub-themes for each:

Table 4: Master table of super-ordinate themes – Study 1

Theme 1. Fear of the unknown

Erotic as unnerving
No map, guidance or instructions
Taboo or not taboo?

Theme 2. Fear of self

Fear of own erotic desire
Fear of the power and potential to abuse
The voyeur within

Theme 3. Fear of the other

Dangerous desire
The risk of harming the other
Potential to short-change clients

Theme 4. The need to protect and feel safe

Boundaries to contain
Timing is everything
A life fulfilled

Age as an excuse
Seeking refuge in the mother-child relationship

Theme 5. Factors facilitating the work

Supervision to confess and contain
Training as helping or hindering
Experience increasing comfort
The influence of personal biography

Due to space limitations and a desire to provide an equitable write up of each study, the sub-themes for study one have been subsumed under the relevant super-ordinate theme for each in the write-up that follows. Each of these super-ordinate themes will now be considered in turn, through a natural progression of themes, starting with those relating to fear, then to the need to protect and feel safe and finally factors facilitating the work.

Transcription notation used in quoted extracts:

(...) significant pause

[] omitted material

Bold text interviewer comment

5:263 transcript page and line number

4.2.1.1 Super-ordinate theme 1: Fear of the unknown

Though some participants seem more able to tolerate working with the erotic than others, all of them regard the work to have an unknown, powerful and mysterious quality to it that can cause fear and concern. For many working with the erotic is 'going there' in terms of leaving a place of safety and entering into a foreign, unfamiliar territory, that for some is replete with hidden dangers and scary, requiring vigilance at all times, a place where they may get lost and fail to find their way back from if they are not careful. Fear of losing their way with the erotic appears to stem for many from the impossibility of set rules and a lack of guidance. No map of 'the hinterland' means that it's all too possible to get disoriented and stray into forbidden zones unwittingly, facing the possibility of condemnation and even litigation, possibly resulting in loss of reputation, career and more. It is therefore embarking on this unknown journey, with its potential for such intense discomfort for some of the participants' that can make 'staying at home' a much safer option.

The following extract from participant E highlights this fear:

'I think what he's doing, is avoiding the intimacy by being like that, and I think (...) go along with that to some extent, because looking at the intimacy, is actually quite a scary thing to do, I think I've got to do it, ummm(...) and I think I do both, I try to sort of explore, a bit more about what's going on between us in the room, ummm (...) but I, I think yeah, the fact he's flirtatious means that I tend to...go along a bit with that, (...) I don't know that I flirt back, but I'm slightly light-hearted, slightly flippant' (7:250-257).

In this extract it can be seen that because working with the more erotic, intimate part of the relationship is 'scary', it's easier for E to collude with her client in his avoidance and together flirt around what is 'between' them, keeping the heart 'light'. Though arguably a playfulness within therapeutic relationships may often be appropriate and facilitative of beneficial development for clients, it is evident from her awareness of being 'slightly flippant', that E is conscious of a conflict between her actions being determined more by her own fear of looking at the intimacy, rather than about

adopting a deliberate therapeutic stance. This reflects the dilemma faced by other participants who were also aware of colluding with their clients to avoid the discomfort.

The idea for many participants that the whole area is fraught with danger can be seen through participant D's comment: *'It's a scary place to go because it could blow up, like am I going to voluntarily walk into what my peers might describe as a minefield'* (15:540-541).

From this it can be seen that D views erotic material as potentially explosive, fearing where to tread in case an unexploded mine goes off in his face. In addition there is a clear sense that it would be a stupid and even suicidal thing to do, 'voluntarily' walking into such a dangerous area. Perhaps what D fears most is his own erotic desire exploding in his face. Another aspect of concern for many of the group highlighted by D's extract is his reference to 'my peers'. In the sense these peers already know it's a minefield, D and other participants fear the condemnation and criticism of other therapists who may think they should have known better. In a further extract from participant D, his and other participants fears of what a bomb going off could look like are expressed:

*'Don't put yourself in a position where somebody pursues you of a claim of professional (...) whatever the term is (...) **misconduct** misconduct (...) I think there is a fair obsession now because there are people who are making a fat living out of pursuing therapists through the courts, err, I even know one, a solicitor, where professional misconduct is where he makes a very fat living'* (15:521-527).

This sense of the unknown in erotic engagement leading to potential for litigation pervades the whole group as a very real danger that hangs over the whole topic. Here D again speaks of the fear of only having himself to blame if through his own actions he puts himself in a position where obsessed people are waiting to pursue him and feed off his mistakes, D even knows one of these predators. In setting up the solicitors as the predators however, it could be argued that participants are simply denying through projection, their own predatory desires.

The fear participants have of ending up in a position where they could face charges of professional misconduct, seem to relate to concerns exemplified by participant H in the following extract:

'You could end up with a complaint against you, ummm, because, you know, unless it's known to both people this is what you're kind of playing, the rules, and it, it, it's not a known rule game is it?' (9:338-341).

This from H speaks of the concerns for participants that the clients are not necessarily aware of the nature of therapy. H refers to therapy as a game where the therapist knows the rules and how to play but the clients may not be so clued up on the tactical manoeuvres taken to ensure a win. Therefore though the therapist may be making an intervention in the interest of engaging the erotic material for the clients benefit, the client may mistake this for unprofessionalism on the therapist's part and file a complaint.

This final extract for this theme from participant G is included here to illustrate the divergence in this participant's position with regard to the unknown aspect of the erotic:

'I think there's a distinction between sexual acts, and, feeling sexual [] for me sexual feelings in the room is just a means of transmitting, transmitting something very intrinsic, very deep, very fragile and vulnerable, ummm and that's why I give it a lot of respect' (11:417-424).

For participant G feeling sexually aroused is simply an indicator, a way of the body acting as a barometer, alerting the therapist to some sort of deeper material that does not relate to sexual acts themselves, this then instead of being something to fear is for G of great importance and value to facilitating work with clients. However viewing herself as a barometer may be a defensive way of G avoiding her own sexual arousal and any associated fear this might cause, a way to keep the therapist as person out of the equation. This fear of own sexual desire is considered further now in theme two.

4.2.1.2 Super-ordinate theme 2: Fear of self

This theme addresses the participants' fear of their own sexual being and the potential for this to colour the nature of any therapeutic work undertaken. All participants were aware of occasions in their careers where their own erotic desire had been ignited by certain clients. Some struggled to maintain boundaries and many felt the 'intoxicating effects' prevented them from working effectively at the time. The allure of the forbidden fruit leads to fear of transgressing boundaries, and abusing the power participants have as therapists in what are often deeply intimate relationships. Most participants have questioned at some time or another their motives for pursuing certain avenues with clients; wondering whose interest is being put first. Are they being professional for the benefit of the client or are their interventions voyeuristic, fulfilling their own pleasure seeking needs?

Below it can be seen how participant F in speaking about her client's proximity to her highlights the issue:

'There's a certain amount of attraction I'm feeling towards that woman, and she insists on sitting in here, she sits very, very close to me, you know people have the option of sitting you know here, or over there and she's right up here' (17:644-647).

For F the choice her client makes over where to position herself, brings F's desire right up close, increasing the intensity of the encounter for F by reducing the safe distance to a minimum. This is particularly uncomfortable for F because her own erotic desire is directed in the main towards women. Common for most of the participants in the group, is the decrease in level of comfort in relation to any increase in their clients' proximal position to their own focus of desire. For F, gay men are the least threatening *'I feel very, very comfortable with gay men' (7:252)*. Here it appears that because F seems to assume gay men are unlikely to be attracted to her, the risk of F engaging in any form of inappropriate behaviour with these clients is greatly reduced, they sit farthest away so to speak, and therefore increase the perceived safe distance. Not only is there the fear of risk for therapists to deal with, but also

the frustration of having to contend with unfulfilled desire as illustrated by *'she insists'* in the extract from F above. The client sits *'right up here'*, teasing F and wafting temptation in her face.

With clients knowingly or unknowingly fanning the flames of therapists own erotic desire then, it can be temptation that participants fear could lead to abuse of the power held by them in the therapeutic relationship. As participant D states: *'There is an asymmetry in power (...) and that, to enact it, is to be abusive, to take advantage of somebody with less power, even if they've given you all that power'* (17:621-623). Thus it can be seen that D highlights the power differential at play within the therapeutic relationship, giving therapists an 'advantage' over their clients that could be exploited for the therapists own gain, but that in doing so would be to commit an abuse of the relationship and be 'abusive' of the client. Participant B is also talking about the sensation of power when he states: *'if you don't understand that, or if you're attracted to that then you're in deep caca'* (6:189-190). This reflects participants' awareness, of the danger present in the potent mix between desire and power.

Thoughts of using the power within the therapeutic relationship is not always connected to satisfying therapists own erotic needs. As this extract from participant G talking about a sexually frustrated male client with a stutter shows:

'Because of the frustration I feel, I find it hard to know (...) what to do with him, in, in, in a funny sort of way, just going off and having sex with him might be an easier way through this communication barrier, and, it would achieve nothing, it would be a meaningless act' (6:233-236).

Here it can be seen that because of her inability to move forward in her work with this client, G turns to omnipotent fantasies of rescuing him through use of her own sexual potency, to break down the communication barrier with a different form of language, the language of her body. Though G ultimately realises that this course of action would be ineffective, it is the awareness of the potential for acting on these fantasies that can raise anxiety for the participants.

Getting caught up in one's own desire in the therapeutic relationship, engaging in fantasies of meeting one or both parties needs, can lead therapists to wonder whose benefit they are acting on behalf of, leading to fear they are indulging the voyeur within. In this following extract, H indicates a sense of guilt over this kind of voyeuristic indulgence:

'She's having this wonderful sex life at sixty, and err, and, I get kind of caught up in, I find myself having to be very careful where I am, in the, as the therapist, because, I'm intrigued I suppose, and the intrigue and the interest in all this is sometimes, it doesn't feel as professional as it should, you think to yourself, why am I, what am I going down this road for?' (11:408-412).

This extract from H suggests she feels some element of envy or jealousy at this client for the 'wonderful sex' she is having at 'sixty', but the vicarious gratification she is able to obtain from the details causes her to encourage the client to speak of this, leading in turn to H feeling unprofessional and questioning her motives.

For participant F the guilt is stronger. F is a married woman but as previously mentioned, the focus of her erotic desire is on women. Speaking about a client she finds incredibly attractive she states: *'don't wear such short skirts...she probably WOULDN'T wear them if she saw a heterosexual male therapist, she feels safe with me, and I feel like a dirty old woman'* (6:217-219). Here it can be seen that F feels like she is a fraud, gaining her clients trust under false pretences and enabling her to observe the client behaving in a more relaxed manner than she perhaps would if she regarded her therapist as potentially desiring her. This hidden aspect of the voyeur within the therapist, secretly fulfilling their own need is highlighted by participant B when he states: *'go into the sexual area [] go in there and explore it [] but without that (...) that (...) something at the back, looking through the eyes'* (12:406-413). In engaging clients in erotic material then, therapists need to be mindful of what is behind their actions.

4.2.1.3 Super-ordinate theme 3: Fear of the other

'The other' presents participants with fear of both what the other may do to them, but also what harm they may do to the other. The first part of this is concern over the 'dangerous desire' of the client. Most participants experienced unease or discomfort thinking about what clients might want from them or what clients might be 'metaphorically' doing to them through erotic fantasy, leading to feelings of being abused, violated and for some female participants, a sense of being the client's prostitute. The fear of 'harming' the other for participants is two-fold. On the one hand most participants worry about the fragility and vulnerability of clients when working with the erotic, with its inherent potential to be challenging, embarrassing and even violent. Paradoxically, participants all believe that the erotic is deeply important and *not* working with it short-changes clients. Many feel avoidance is worse than acknowledgement and that therapists fear of being *misunderstood*, denies clients the chance of being *understood*.

The potential for darker, more perverse elements of clients' erotic desire can lead to unsettling and frightening experiences for therapists. An example of this is given by participant A in the extract below:

'...got my number from the UKCP register and called me and [] he wanted to know if I was married (...) and I, I didn't want to answer that and [] he was very persistent and got quite upset and irate (...) and that felt really difficult [] it felt abusive, I felt like I was being attacked somehow [] it felt like he was punishing me and he said oh well if you can't tell me if you're married or not then I can't work with you [] it was that feeling of being violated [] it felt nasty' (4:128-146).

This example illustrates the intense psychological impact clients can have on their therapists' feelings of exposure and vulnerability. For A this was an unknown man, a stranger, who had chosen her from a register, and wanted something specific from her. His interest in her marital status could be viewed as wanting to know her availability, was she available or unavailable to his needs. But these needs remained unstated, resulting in A fearing and

fantasising what they might be. Though A had been tracked down via her entry on a therapists register, this potential client wasn't asking her if she had any available spaces in her diary; rather he wanted to know if she was committed to another man. This extract highlights the potential of erotic material to have an uncomfortable undertone to it that can penetrate and violate, even without physical contact, and can leave therapists afraid to engage with it.

Another example from participants of the impact erotic desire from 'the other' can have on therapists is in its ability to degrade. Speaking of a client who liked to cross dress, participant E states:

'There was some erotic overtone...there was something he was getting out of, I think, ummm, the fact that I as a professional would see him, he had somebody that ummm, he used to go to and pay (...) to see him (...) in his women's clothes, ummm (...) and I think he was trying to do the same with me, he had something about professional women' (2:50-54).

In this extract E can be seen to be questioning the role she was fulfilling for this client. 'He had something about professional women', but E seems unsure what sort of professional woman he needed her to be. Perhaps more important is what sort of professional woman E felt she was in his presence. Was E his therapist or was she serving as some form of prostitute, a woman he could pay to be present while he lived out an erotic fantasy? The idea of what some clients want from therapists, leads to a number of participants questioning their status at times; wondering if clients are just paying to come and be intimate with them for an hour. Therapy might then at times feel like a higher form of prostitution for some, with the ongoing risk and fear of sinking to the lower form.

As indicated earlier, the fear for participants in working with erotic material also includes how *they* might harm their clients. This extract from participant C highlights this concern:

'The erotic that's coming from the therapist, if you reflect it back to the client, it can be quite delicate, ummm (...) unless in some way there is some certainty

that this is something IN the room, because if this is something that's NOT shared, I think that ummm (...) .it could be quite ummm (...) devastating' (4:112-116).

Here it can be seen that C is stressing the importance of therapists owning what is their own erotic feelings, 'coming from' them rather than something originating within the client. For C it has to be something that is '**in**' the room for the therapist to speak of it **in** the room, what is **not** shared between therapist and client, should not **be** shared with the client. The risk of **not** being clear on what belongs to whom, for C and other participants, is the potential of causing great harm to the client. For all the participants, it was clear that it's not just **if** you engage with the erotic, but **how** you engage with it that is important too.

This said, the importance of engaging with erotic material in the therapeutic relationship, rather than avoiding it, is something all participants agree on. Participant B states:

'When you're open to the person in front of you as that person actually is, in that moment....most people have never been anywhere near that kind of experience, that's why it's so charged, why it's incredibly charged' (9:299-302)

In this extract, B captures something of what all the participants spoke of, in terms of a belief that though working with the erotic can be uncomfortable and intense, when therapists can bear to tolerate their fears, and be 'open' to their clients, it can lead to new depths of experiencing 'the other'.

4.2.1.4 Super-ordinate theme 4: The need to protect and feel safe

Not surprisingly then, with all this fear in the air around erotic work, participants seek ways to protect both themselves and clients, in order to keep safe from these perceived dangers. Boundaries provide all participants with a sense of security through 'containment' of the erotic in a way that enables exploration at a 'safe distance'. Correct timing for most participants allows

them to feel clear and sure, to develop good rapport and to achieve a depth of relating and trust that both releases the erotic, and reduces the potential for it being confrontational and abusive. Fulfilment in their own personal lives either increased or decreased many participants sense of security with the erotic, due to a sense of met or unmet needs, and age interestingly seems to give most of them an excuse to feel safer. Finally, to a lesser extent but still with significance for two-thirds of the female participants, seeking refuge in the mother-child relationship, carving out a more comfortable role as 'mother' rather than 'lover', seemed to allow for a more agreeable 'casting' in the erotic drama.

In the extract below, the important role that boundaries play for participants is emphasised by participant C:

'I also think that sometimes the patient ummm (...) will feel much safer if there are boundaries in a situation where there is that, ummm (...) intimacy of the erotic, because (...) they too may feel threatened by it, and if the boundaries are solid, then, they feel secure enough, to be able to venture there with no fear' (8:280-283).

Here it can be seen that C believes boundaries are important for both therapist and client in order to reduce the threat of intimacy. She speaks of the boundaries in terms of how 'solid' they are, and in this sense it can be seen how the participants regard boundaries as providing some sort of metaphorical container, a structure to keep the erotic in a defined space that provides security for both therapist and client in order that they might 'venture' there. Like a prison cell is used to contain the dangerous criminals from the general public, or a cage is built to keep in a wild animal, so therapists turn to boundaries to protect themselves and clients from the dangers of the erotic.

Overuse of boundaries however can result in total exclusion of the erotic rather than simply containing it, where the literal boundaries become the container rather than the therapist, as this extract from participant D, who speaks of using a metaphorical line to indicate when the point of engaging with erotic material should begin, illustrates:

'One of the things that may be going on is that I've drawn the line such a long way sort of INTO the erotic, that they, they get the message 'hey this is not a place where I can actually go', so they, they back off at that point' (11:396-399).

In this case it can be seen how boundaries can end up creating a defensive barrier between therapists and clients; the therapist retreats to the watch tower and fires warning shots at the approaching wild animals (clients) indicating the need to 'back off', potentially saving themselves from not just the client's but their own erotic desire too.

Having created the containing space to work with the erotic, the timing of any intervention, is felt by many of the participants to be of great importance, as participant G explains: *'this sort of frisson or material, comes later, as the relationship has developed into one of quite, quite, you know, degree of trust' (2:46-48).* From this extract it can be seen that what G and indeed many of the participants believe, is that not only do therapists need to take their time to be clear about what they believe is happening in the room, in order to avoid misunderstandings, but also that it is the depth of rapport, the 'degree of trust' established in the therapeutic relationship, that facilitates and releases, allowing the erotic to occur.

Timing in the relationship is not the only aspect of time participants consider to be important in feeling protected and safe. Timing in terms of where a therapist is at in their own personal life, their own personal fulfilment, is also felt to be a factor, as participant A highlights:

'Because my husband's been around [] I think my social situation has probably had an effect on (...) ummm (...) my way of positioning myself I guess within ummm (...) kind of the rapport (...) I don't know if that's a female thing but certainly it's a personal thing, I felt a lot more vulnerable when I was single' (5:157-161).

Here A can be seen speaking of the sense of security that her marriage provides her with. Not feeling alone in the world, 'single', reduces her vulnerability and allows her to take up a different position in the relationship

she has with her clients. Having a man in her life enables A to reach greater levels of 'rapport' with her clients, confident in the knowledge that she has her husband to keep her safe from any threat of 'the other', but arguably also safe from 'herself' in that with her husband to fulfil her own erotic desires, the risk of her seeking to meet this need with her clients is likely to be greatly reduced. The level of fulfilment and support therapists have in their personal lives then, can be seen to influence their ability to be more or less present in therapeutic relationships.

The third element of time considered of importance to participants is their time of life; their age. Age was of relevance for most of the participants but for varying reasons. For participant D age provides an excuse: *'people seem freer to talk about the sexual dimensions of their lives than they used to, and I'd rather assume that that was, I'd got to the age where I was safe'* (10:333-335). For D it is clear that he would 'rather' believe that clients feeling able to talk about sex with him, is due to the fact they do not see him as young and sexually excitable or desirable, and therefore poses no threat to *them*. However, arguably it is the threat to *him*, that being seen to be a sexual being poses, that in fact means age provides D with an excuse to reduce his anxiety.

In contrast, participant A feels that her age has increased her confidence in working with the erotic: *'also maybe more maturity and feeling more able to discuss sexual or, or erotic kind of material'* (2:45-46). Becoming more adult, more mature, has enabled A to feel more comfortable with the 'adult' topic of the erotic. This illustrates then how for some, age provides an excuse to avoid seeing the potential for the erotic to emerge, whilst for others it increases their ability to look for it.

The final point to consider is how for some participants it seems to be easier to avoid the more adult, passionate side of the erotic by viewing the material from the mother-child perspective, as this extract from H shows: *'I think three of the men that I've seen, have been of an age where you wouldn't expect them to be a virgin [] it's like they gently needed a mum to talk to about this difficulty'* (10:382-388).

Here it can be seen that though H was working with three different men who had all never had sex, she interpreted their need as being that of a gentle **mother**. It could be argued that what these virgins really needed was also a gentle **lover**, but perhaps for H, and indeed for other therapists, it is easier, safer, and more comfortable to adopt and stay in the role of mother rather than progress to the role of lover too.

Participant F refers to this issue: *'because I think we've, we've gone away from the focus on the sexual conflict [] to the infantilisation of the, of the client or patient, ummm, because of ummm, the object relations school, you know, this is not really the erotic, this is the yearning for, much earlier, maternal stuff, so, I, I think the erotic's being reclaimed'* (1:9-14).

Maybe then, as F suggests, the focus on the adult aspect of the erotic has indeed been diverted by theorists to issues in infancy, however as F believes, this may now be changing and 'the erotic is being reclaimed'.

4.2.1.5 Super-ordinate theme 5: Factors facilitating the work

Given the fear and the need to stay safe working with the erotic, this final theme considers the main factors that participants feel facilitate and enable their work. Supervision as a place to confess and contain, is seen as a safe-haven for most participants where they can create a space & distance to think and receive guidance. Exposure to thinking about the erotic during training had a positive impact for many of the participants, though not all. Most of the participants feel that increasing levels of experience working with the erotic, in turn increases their confidence to work at deeper levels within therapeutic relationships and reduce the 'taboo'. Finally there is the impact of personal biography for participants in either helping or hindering this work.

In this extract from participant B it can be seen how for some of the participants, supervision acts like a form of confession: *'You need bloody good supervision and a good supervisor so you can go immediately to the supervisor and go HELLO!'* (12:418-420).

Supervision can provide a place for therapists to go where they can unburden themselves of erotic elements in their work, and receive guidance on how to stay on the straight and narrow, in the same way that a catholic might use the confessional with a priest.

For others, supervision can be regarded as ‘all seeing’, as this extract from participant C suggests: *‘hopefully it might, it would be picked up in supervision, through the process notes and that then it would be discussed and hopefully worked out’* (7:246-248).

This idea of supervision shining a light on the unseen, can be used by therapists to reassure themselves that even if they are unaware of some erotic process occurring between them and a client, it will be ‘picked up in supervision’ and ‘worked out’. However not all participants’ experience of supervision has been so facilitative, as the following extract from participant D shows:

‘When I have taken it to supervision, about what is going on sexually here, because I think something is potentially going on here [] somehow the conversation got cut short really quite quickly [] It’s almost like it’s an area that they don’t want to go as well’ (16:570-577).

In this case it can be seen that for D supervision has not been experienced as a place he can go for confession, or as a place where all will be seen. Rather, his experience has been that his supervisors (his guides) have not wanted to see or hear of his forays into the hinterland, thus reinforcing D’s belief that the erotic is not a place ‘to go’. Supervision therefore can either open therapists up to the erotic or collude with them in closing it down.

Another place where many participants have developed their ability to work with erotic material has been during training. Participant C states:

‘You ummm (...) are asked to question yourself (...) and I think in ummm (...) in that training, being confronted with the feelings can be quite helpful and then (...) helpful in the sense that you’re able to work through them (...) and eventually be able to ummmm (...) do that in the room with a client’ (5:163-167).

For C, as with other participants, training asked them to question and confront themselves over their feelings about erotic issues. C found this helpful in that it gave her the chance to work through her thoughts and feelings. Like a dress rehearsal prior to a performance, C was able through her training to prepare herself in advance for what was to come and to be open to the potential. In this sense, training, or more importantly those regarded as being in authority, can be seen to give therapists permission to think about the erotic in terms of its relevance and importance to therapy.

For others training had the opposite effect as can be seen in this extract from participant H whilst speaking about her difficulties working with erotic material:

'It comes partly from the training, because I remember [] one of the [] the teachers there, saying 'oh you don't get it', and, it was, it was a real sort of a, you know [] I don't know it felt sort of, very critical and very damning, and it kind of made me want to close up and think oh it's not, I'm not going to go down that, I don't get it. Ummm, so that was quite damaging that comment' (13:460-467).

Here the authority can be seen to be working in reverse. Rather than giving H permission to explore the erotic, the teacher was perceived by her to be critical, and the message received was that she should not go down the route of engaging with erotic material, because she does not 'get it'. Does not get the topic or she doesn't get sex herself? Arguably for H the message could have contained a double negative blow to her confidence. Participant A states: *'I mean it should be looked at in training (...) HOW? is something to be looked into'* (11:406-407). Which seems to speak of the dilemma illustrated here with these two examples: if training is to be of benefit to therapists in developing their ability to engage with erotic material, *how* this can be achieved needs consideration.

Most of the participants cited ongoing experience over time as having an incremental effect upon their confidence in working with the erotic, as this extract from participant A reflects:

'I think at the base of all that is the (...) the (...) this sense of feeling more comfortable in (...) the relationship err within the counselling moment (...) because of err I guess increased experience and so on' (1:30-32).

What A can be seen as saying here for herself and on behalf of other participants, is that underpinning her ability to work with the erotic, the foundation that supports this work, and allows enough comfort in those moments when the erotic is palpable, is the confidence she has gained through experience.

The final factor considered here for facilitating or inhibiting participants' engagement with the erotic within the therapeutic relationship, is their personal biography; where they are coming from. Each participant in this study is a unique individual coming at the therapeutic endeavour from their own personal history. It is felt that the following two extracts from participants D and B respectively, embody the spirit of this:

'I grew up in an asexual household, it was a non-topic, in an AGE when it was a non-topic [] so I grew up in ummm (...) in a very straight-laced society' (11:370-373).

'I love sex, I absolutely bloody love it (...) ummm (...) so I'm always fascinated (...) I've always been very open sexually' (12:394-395).

4.2.2 Rationale for the second study:

Findings from this first study have shown how 'fear' amongst these participants in various forms is found to pervade their practice when the erotic is felt to be present. Ability amongst the participants to engage the erotic in the therapeutic relationship seems to be linked to the extent to which they have been able to explore and speak of the erotic within their training and development as psychotherapists.

Those who felt they had been given the opportunity to explore the erotic as a topic in their training and development, reported a higher level of comfort and willingness to acknowledge and engage with the erotic in their practice, whilst

the findings suggested the opposite seemed true for others. Speaking about the erotic in training, acknowledging it as a potential topic of therapeutic work, seemed to act like 'permission' from the authorities for some participants to be open to allowing for and where appropriate, engaging with erotic phenomena. Conversely, failure to address the subject seemed to lead to some participants feeling they didn't have permission and erotic phenomena should be avoided.

With so much fear being generated by erotic material, it seems that some form of prior authorisation might influence participants' ability to attend to, rather than avoid the erotic. This second piece of research therefore sought to develop further this apparent finding from the first part of the study, by recruiting a new set of participants and exploring through further individual interviews, particularly the relevance, if any, of psychotherapists' addressing 'the erotic' in their training and development and its implications upon their ability to engage with the erotic in their practice.

4.2.3 Study two:

Analysis of the data for the second study produced three super-ordinate themes: power and authority; dead or alive?; and impact in real terms. Each theme is now considered in turn.

4.2.3.1 Super-ordinate theme 1: Power and authority

Though participants in their interviews tell unique stories regarding the implications their training and development to date has had upon their experience of engaging erotic material in practice, all accounts are similar in that they are littered with examples of the impact power and authority, in various guises, have had on these experiences, and how therefore, development in this area can be seen to be very '*subject to*' '*the other*.' Examples are illustrated in this theme through the categories of *Permission*, *Trust*, *Inhibiting* and *Protect and keep safe*. Fear and anxiety surrounding the erotic can be seen to lead to permission seeking, through which participants

look for reassurance that engaging the erotic in practice is acceptable and allowed. The need to unburden and share the load through confession, in a fully authentic manner that can cause participants to feel exposed and vulnerable, means a trusted confidante with the authority to guide is required. Fear of being misunderstood, judged and shamed can lead to inhibited, defensive practice. While any attempt to break down inhibitions seems reliant upon those in authority creating a safe, containing environment.

Permission:

With a strong sense of fear and concern leading to discomfort with the erotic in practice, all participants suggested a need, in various ways, for permission from a perceived authority in order to engage with the phenomena. This might be seen to be linked to an Oedipal issue for therapists, through which there is a need from some sort of parental figure to attend to the erotic. The following extract from participant K, speaking of a particular supervisor, highlights this: *‘[] very straightforward direct guy, who’s a real champion of the “that’s interesting, what happened there? Do you want to explore that a bit?” (6:219-221)*. Here it can be seen how for K, he values the willingness of his supervisor to open doors for him and invite him to explore areas he wouldn’t necessarily feel comfortable to initiate going to himself. Similarly, participant P speaks of the role her personal therapist played in her sense of confidence and ability to be open to the erotic: *‘when I wanted to, move into doing some of these, this ummm, sexuality work, he, err, he was able, he ummm, confirmed that he felt that it was ok, and, err to be, doing it, going in that direction’ (10:337-339)*. For P, her therapist sanctioned and validated her intentions to move into doing ‘sexuality work’ as appropriate and acceptable.

In this extract from participant L, she highlights how for all participants, someone perceived to have the power and authority to give permission to engage with erotic material, can transform the erotic from abnormal and wrong to normal and necessary:

‘I did a [] workshop with David Mann [] who’s written [] about erotic transference and I was greatly, reassured I think by his approach to the whole

subject, [] it was my first notion of “Oh, right, we’re looking at this in a totally different way” [] and, that made me err, I think feel, less, kind of abnormal about it all’ (5:177-184).

In this example L speaks of how ‘the expert’ who reads, writes and talks widely on the subject of the erotic in therapy, had the power therefore as a recognised authority, to reassure her and give her permission to work with the erotic as a fundamental aspect of relationship. The expert enabled the erotic to be viewed from an acceptable position, to say ‘it is okay’ there is no need to throw the baby out with the bath water, the erotic can be good and you can still be professional. The erotic and sex blur so easily that therapists need help to make the distinction between the two.

Permission sought is not always granted however, as participant N highlights when she states: *‘I thought I’d read something you know, that might be helpful, and I found this, very highly recommended, umm, book, by, an, analyst, and it was SO judgemental’ (7:241-243).* In this sense it can be seen how for participants, the authority has the power to deny rather than permit, casting doubt and calling into question the way the participants are working.

Trust:

With doubt and confusion over the erotic in practice leading to fear and anxiety, it was clear for the whole group, the importance of having a trusted confidante to turn to; a place to go where they can dare to bare; to be exposed and vulnerable; imperfect, yet respected and free from judgement. For all participants, supervision was felt to be the sanctuary to retreat to and seek guidance, as the following extracts from N and J attest to:

N: ‘I’ve had my supervisor for a long time, there isn’t a THING I wouldn’t say to her, and that is absolutely fantastic. To be able to go and be wholly yourself, and not have to hide what’s happening in your work, ummm, and that’s the greatest thing that she gives me, is that I totally trust her’ (12:449-452).

J: '[] what I can do, is to be able to say, in whatever context, "oh gosh, I made a real cock-up of that, I just, I don't know what to do next", BECAUSE, that to me, is, professional integrity (laughs), and then you look at what you can do. And I know, if I say that with my supervisor, ummm, I will, I'm still respected for what I CAN do, so it doesn't matter if I make a mistake, as long as I know I've made a mistake, or as long as I accept it' (7:257-262).

Despite the importance placed upon supervision with regard to engaging erotic material in practice, many of the participants were clear that their experience of supervision around erotic phenomena differed markedly between supervisors, as expressed by participant K who said: '[] so much depends on, the openness and sensitivity of the supervisor' (11:405-406).

Participant P highlights the negative impact supervision can have on development when she describes an experience while working at a particular organisation:

'I, it wasn't that I was acting out through them, it was, I think that I was, being perhaps, more explicit than they, than they felt comfortable with. [] She, she couldn't understand what, the direction I was going. But, so I was referred to one of the more senior ones and...**you said "I felt uncomfortable" can you say a bit more about what that means?** Well she was, she was very critical of what I was doing [] I felt very, err, misunderstood, because I was coming from, ummm, a training that was not, umm, what, umm, marriage guidance counsel, could cope with. [] But when I went to the more senior one, we thrashed it out and it was ok' (8-9:278-294).

This example from P illustrates the potential impact authority can have on toning down or closing down altogether participants in their attempts to engage the erotic in their practice when the supervisor is unable to tolerate what the supervisee is bringing. Like a naughty pupil playing up in class, P could be seen as being sent to the headmistress to be dealt with. P defended her cause and stood up for the kind of psychotherapist she wanted to be, agreeing some common ground with the head; but at a price perhaps. P goes on to state: '*But I decided to, resign from, err, marriage guidance counsel after that. Because I'd worked for them for ten years and I felt that was enough*'

(9:306-308), and later in the interview speaks of how she has moved away from the erotic and prefers to focus upon pre-oedipal issues in her work now. Perhaps her bruising experiences with the erotic led P to call time on the fight and retreat instead to the perceived safety of pre-oedipal issues which she does not appear to associate with the erotic.

Inhibiting:

Power and authority then can be seen to either inhibit or disinhibit participants through their training and development. In the following extracts from participants R, M and K, the negative impact of the power and authority society can have upon practice can be felt. R states:

'I think as a man, I, am really reluctant to do that (touch clients). Because I have, once, been the subject of a complaint. It was nothing to do with stuff like this. [] she took it to the BACP [] absolute fucking piranhas, they really are, and err, it sort of ruined, a year of my life that. So, I'm, really, really reluctant to do anything that could be open to misinterpretation' (8:300-307).

Participant R highlights the way in which gender roles and perceptions in society can inhibit participants in their work with the erotic. Here it can be seen that the danger for the male to be seen as the abuser in society and the ramifications of power wielding regulators, leads R to fear any intervention that could possibly be misconstrued. For other participants, gender roles and their relation to sexuality, inhibited ability for many to even consider the erotic in certain combinations such as female/female or male/male, without prompting to do so by the researcher.

With regard to regulators and regulations, participant M can be seen to be caught between the belief in their value to protect and boundary the erotic in therapy, whilst on the other hand being inhibited by the perceived constraint inflicted on creative engagement, when he states:

'I, I think, that, the, you know, the ethical boundaries of the profession are, are very properly set, to protect, well to protect all concerned, but particularly to protect vulnerable people. Ummm, and I think you, there, there, could be

potential to do good, creative work, that crosses ethical boundaries [] so , yeah, I think you know, working professionally and you know, signed up to a number of professional bodies, the, the regulatory boundaries are, more conservative than my personal boundaries’ (4:117-125).

Whereas K seems much clearer on how for him this is used as an aspect of power and authority to control. Speaking of the erotic being only mentioned in passing during his training, K adds: *‘Other than, waving a copy of the BACP guidelines at you and reminding you that you keep your hands off the patients (11:390-391), and later goes on to state:*

‘I think, that, we live in an extremely prurient and an extremely punitive society, errr, in which, it is potentially quite dangerous, to express, ummm, anything which could be regarded as sexually deviant. [] there is an ummm, unreflective, deeply intuitive, hostile reaction, ummm, blame, criticism, that says, “you shouldn’t even THINK that, let alone act upon it” (14:509-515).

The cultural impact on inhibiting development of participants is highlighted by participant Q through her own example of a Catholic upbringing and the additional layer of inhibition this exerts upon ability to tolerate the anxiety and fear associated with the erotic.

‘I think..it’s potential to shame, is something I’m mindful of. And, you know that’s my own experience, so I can, kind of hold that, and also in a cultural context, and...[] Well there’ll be a lot of shame in my own experience, being, Irish Catholic sex, that, you know there’s a whole raft of, no go areas there (laughs)’ (6:213-218).

‘I think it’s, you know, I just think it’s, just, it’s just the damn shame. Just the damn shame, that’s it (laughs), good title for it, it’s just the damn shame, and it’s a shame. That’s a good title ‘It’s a shame’. That’s it, it is a shame’ (16:573-576).

Here Q can be seen to be heavily influenced by concerns of shame, both for clients, herself and the sense of it *being* a shame that fear of shame can inhibit the work so significantly.

Freedom from inhibition to engage with erotic material in practice, was closely linked for participants to modelling throughout all aspects of training and development by those who had the perceived power and authority to permit and encourage a different way of viewing the erotic. Talking about a particular trainer, participant P illustrates this when she states:

'[] he was very keen on people expressing themselves in all sorts of, in, in any way that they felt like. And so there was a lot of freedom then, in that, and I think that it, so it, broke down inhibitions about, talking about anything, at the time. So I think that was very useful' (7:247-250).

Protect and keep safe:

The ability to reduce inhibitions and develop an aptitude for tolerating and engaging the erotic in practice, seemed for most participants to be linked to the opportunity for deep, meaningful, experiential learning. In this sense the need for an authority with the power to create an environment that will contain and keep participants safe whilst engaging in this exposing, vulnerable area was paramount. As participant K suggests:

'[] it needs to be within the context of a fairly, lengthy and intensive training, where, the group, learn to trust each other enough to deal with it. [] a sense of identity as a group, to take risks of thought. [] it needs to be a conscious decision, within the syllabus, to make sure that there is a structure which will ALLOW, trainee therapists to explore, that, really challenging material, stuff even which they regard as dark and difficult to access. But that needs a sense of safety and containment before people will do that I think' (12:440-453).

Confirmation of the positive impact the type of structure and atmosphere suggested by participant K might have on development, seems to come from participant L when she speaks of an aspect of her own training experience:

'I think that within that particular training with a group of twelve, it was very, very containing, and very supportive, because we were, exposing a lot of our own material' (8:294-296).

In both these extracts it can be seen how the perceived power and authority of the group to hold, support and contain is felt to be facilitative of developing participants' abilities to engage the erotic. In this sense the importance lies not only in *if* the erotic is explored in training, but *how*.

4.2.3.2 Super-ordinate theme 2: Dead or alive?

Participants' experience of the erotic in their training and development can be seen to be one of extremes, illustrated in this theme through the categories of *Erotic?*, *Ticking the box*, *Theory to avoid*, *Theory as limiting*, and *Theory vs experience*. Training and development was either felt to have been avoided by a broad, wide ranging reluctance and failure to explicate and explore the erotic in order to reveal its inherent depths and complexities; or it was facilitated in a lively and engaging experiential manner. The latter was, for many, the exception rather than the rule, with most participants reporting the erotic in their training as basic and oblique at best. The erotic phenomenon as a result remained distant and foreign, with theory through text providing a poor substitute travel guide to places they had never been. This lack of opportunity for meaningful experiential learning left many participants with a sense of the erotic having been a 'tick box exercise' that left no sense of anything real or of value to support engaging the erotic in practice. In the same way learning factually the principles involved in riding a bike is a world away from actually riding one, so too the opportunity for experiential learning with regard to the erotic seems paramount to participants' ability to engage the erotic in their practice.

Erotic?

For most participants, the erotic in their training and development simply was not memorable to them. As participant Q states: *'I can't even remember, I can't even remember, at (institution) doing anything related to it, I can't even, it didn't register, I can't, I mean we did, but, I can't remember it' (13:489-491)*. Whilst participant J, in confirming a similar experience, also highlights what

was true for many participants in that their ability to engage the erotic in practice now has largely stemmed from learning occurring AFTER formal training:

‘Well, it would have been good to have talked about it, to have you know, as I say, I came across it at conferences and things later [] so it would have been nice to have talked about it, as I say in my two really big trainings, I don’t, I, I don’t remember anything coming up’ (18:705-711).

Participant N speaks of the lack of opportunity to access training and development linked to the erotic and the sense of isolation many feel:

‘you know, every now and then, I see the odd day, that seems to be run by the analysts about this, you know, about, sexual transference, or, something like that. [] And that’s about it! Who else is doing stuff on it? And there’s a REAL call for, us to have some forum, really, to learn from each other’ (7-8:268-273).

Here N speaks of struggling to find somewhere to be in contact with others who can think like this, a desire not to feel so alone engaging erotic material. N recognises the importance of the erotic in therapy, believes in it, but needs to feel part of something bigger, to feel supported, she needs a place to be normal and permitted to think and feel to work like this.

Ticking the box:

Where the erotic was addressed in training, many felt this was purely as a means to ‘tick the box’ in order to evidence it as a topic that had been covered rather than it being of any true meaning or value to them as an exploration of a phenomenon. Participant J expresses this sentiment for the group in the following extract:

‘I can’t remember much on sex, just like they don’t do a lot on difference and diversity, I mean I now do a, a thing on trans-cultural issues [] I think it’s a four year training, and they have two hours, of me, doing trans-cultural issues, and I go in and I say we’ve got two hours (laughs) I think you might as well go home now, and it’s the same with sex [] other trainings I’ve done, I can’t even,

I mean I'd have to think or look in my notes, I can't even remember anything about sex' (12:455-463).

While participant K speaks of his experience in terms of the erotic being introduced as a concept, a statement of fact with no understanding or sense of what the fact means or what knowing the fact should lead to:

'At the, the, the greatest, extent to which any of it went, in preparation for this aspect of the work, was to flag up awareness that erotic transference and counter transference were likely to arise, as a kind of intellectual, recognition. It's about as significant as the idea that if your patient's got flu you're likely to go down with it, not very much further beyond that' (6:204-209).

Participant L highlights how applying the erotic in supervision as a tick box exercise can feel mechanistic and akin to applying a technique which is unnatural and unhelpful:

'that's not, not the track that I'm going down, but it's as if that HAS to be put in there, because, it's part of the theory if you like, or, part of what, ummm, it doesn't feel like, it's a natural progression, it feels like, "and now we'll talk about the sexual element" (13:487-490).

This 'tick box' style was not true for all participants, all the time however. Participant R describes a wholly different experience when he states: *'the training course I did, was, VERY explicit about erotic connection. Ummm, I, I cannot THINK, that they could have done more really' (18:712-713).*

Theory to avoid:

'There was, on one occasion I was told, ummm, it got translated into sort of transpersonal, spiritual terms, so that it was all about the magical, mystical union of masculine and feminine, so that got neatly removed out there somewhere, which was complete gobbley-gook to me at the time' (3:102-106).

This extract from participant L shows how the erotic for many was translated and transformed into something more manageable; nicer. Decontaminated and cleansed from harmful to harmless, but in the process made foreign and removed from the realms of their ability to understand. Denying them through distance and thus preventing the opportunity for meaningful engagement.

The following extract from participant R highlights participants' experience of others using theory to hide behind to protect themselves by gaining a sense of knowing and therefore being in control, removing their personhood from the relational process and reducing the anxiety and discomfort:

'And, you know, taking that to a Freudian analyst, is, you know, she just sort of goes into, you know, you can almost hear the works of Freud opening at the appropriate page, you know, it's just like, well I've, I've just completely disappeared, I've just become a sort of, a sort of treatise on masochism. And, and it's errr, I've, I've gone, you know, she's not looking at me anymore, she just sort of cross referencing into all the stuff that...' (15:607-613).

For R his experience of theory in therapy can be seen as violent, blocking him from view, preventing him from being seen or heard. In this sense his therapist was an instructor, consulting the manual for the right answer rather than a participant in the relationship *with* him.

Theory as limiting:

In addition to theory being used as a means to avoid the erotic, participants also spoke of the limiting impact it has had for them in their development. Theory as rigid and fixed can preclude the erotic from arising, as highlighted by participant M when he speaks of CBT:

'what I've been doing more recently, around CBT, ummm, it's almost like this is, an area to be reduced out of the problem. Umm, I actually, I, I, have, yet to, work out how CBT deals with, with either eroticism or sexuality, or even sexual behaviour, it's, it's quite odd' (5:165-168).

While for participant Q it was a particularly clever supervisor who seduced her with his 'heady' intellectual games and only with the benefit of hindsight, was she able to realise what had been lacking for her in this style of supervision:

'I stayed too long with one particular supervisor, who was, err, very clever, err, very academic, ummm, expert in their field and, was...but actually wasn't embodied, as much as I probably, needed someone to be. And, I regret staying with that person, for too long' (10:352-355).

Again it can be seen in this extract from Q how lack of embodied, experiential learning is considered as stunting participants' development.

Theory VS Experience:

With the negative implications of theory so prevalent in the accounts of most participants, the requirement for training and development that creates an environment in which experiential learning can occur was strongly posited as a need in order for training and development to act as an agent of change, enabling therapists to stop *doing* and start *being*. The following extract from participant Q highlights the frustration many participants expressed at the lack of this experiential component:

'[] that was limited, they talked about it, but never worked it. You know you talked about it, and you say well this is a good reference, that's a good reference and then you went into, you went into the psychoanalytic object relations and you did all the object relations work and then you did it, and then you looked at early developmental issues and then you cloaked it in the language, but actually think, right this is RAW, Absolutely SEXUAL, erotic, fant NO! We didn't, we didn't actually go there' (7-8:264-271).

In this extract, Q sums up the sentiments of the group with regard to a sense of never having actually experienced the erotic. For many the theoretical, intellectualised approach left them feeling as though they had read the travel guide to a distant land, without ever leaving their home town; all classroom study with no field trip to bring learning to life. While they may have acquired

factual knowledge about the erotic through the opinions of others, this in no way prepared them for the strong, visceral reaction the erotic can engender in them.

The potential for an altogether different experience is illustrated by participant L who states:

'then I did an integrative psychotherapy, training which was much more nitty gritty, so, we got to grips with a lot more personal stuff [] I, I think because we did a lot more experiential and personal work on the training, so a lot of our own history and our own backgrounds, came, out, and were worked with in the group setting and in personal therapy, within a group setting. Sexual material was more available for us to look at, in ourselves and in, with each other. So, we were more in touch with what it felt like. You know, from, uhh, we got away from theorising I think, in that training a lot more' (7:240-257).

Describing her training as nitty gritty, L conveys a sense of this being much more real, rough and abrasive but something to get hold of, to feel and to engage with, touching and feeling the erotic in a way that pure theory will never be able to provide opportunities for such depth of learning from. How *real* is understanding acquired through theory and what implications does this have for therapists when faced with the real, raw erotic in practice? Freeing herself from the confines of her *self* means there is much more of L present and available to her clients, she is much more ready, willing and able to be *with* her clients.

In terms of participants' sense of experience being the key to developing an ability to work thoughtfully and courageously with the erotic, participant M reflects this for the group when he says: *'it was the human encounters, that, that took place in that setting, ummm, it kind of asked more questions of me and provoked more thought, than, than a lot of the course' (8:285-287).*

4.2.3.3 Super-ordinate theme 3: Impact in real terms

This final theme on the implications of training and development for participants, considers the impact in real terms upon practice and how this either helps or hinders engaging with erotic material arising within the therapeutic relationship. Examples are illustrated in this theme through the categories of *Unprepared and vulnerable*, *Talk the talk*, *To tolerate the anxiety* and *Erotic as beneficial to the therapeutic endeavour*. Participants' sense of feeling vulnerable and unprepared can leave them afraid of the perceived void, leading to attempts to overcome the discomfort through application of techniques serving to numb the anxiety, filling the unknown space in order to feel whole. Increased ability to *tolerate* the anxiety can lead to engagement with erotic phenomena by participants in often subtle, meaningful ways that reduce the distance between client and therapist. This enables the erotic to permeate and infuse the work, influencing and enhancing the therapeutic endeavour towards positive therapeutic outcomes for clients.

Unprepared and vulnerable:

All of the participants felt that their training and development has at best only partially enabled them to engage with the erotic in their practice. With such a gap in development, participants feel it is no wonder that fear and vulnerability is so prevalent in the presence of the erotic; a sense that, with such a big hole, no wonder some fall in. Participant K expresses this group concern and its impact on practice:

'I think it's, certainly sad and possibly dangerous, that, people, are going into the room as unprepared as I was, and having to make it up' (13:489-491).

'[] obviously training is not going to give you all the answers. You NEVER have all the answers. Most of the questions there aren't answers. What it MIGHT do, is help, it might have helped me to be LESS reluctant to raise things, to, to, to air what was happening for me, and, therefore, to seek support and supervision, earlier, and work more efficiently, effectively, on my

patients' and clients' behalf, and perhaps struggle less myself emotionally, at the outset' (14:535-541).

In this extract K can be seen to represent the groups understanding that while training will always be somewhat artificial and the real learning happens in the process of therapy itself, training can facilitate that learning through opening up a space; fostering confidence and a willingness to start development and learning in this area; training as saying to therapists 'come now, you can look, its allowed', rather than the opposite. Training as having the ability to grease the wheels of therapy and allow it freedom of motion rather than grinding to a halt due to missing cogs.

Talk the talk:

The sense of fear and vulnerability around erotic phenomena can be seen to lead participants to seek and desire ways to feel comfortable. Participant J highlights the negative implications on practice of training and development that colludes with therapists in fostering belief that the anxiety and discomfort the erotic engenders can be eradicated. Throughout her interview, J refers often to sex talk and how her total comfort with this enables her to discuss anything with clients:

'[] with relate I did couples counselling, I did psychosexual counselling, I did sex therapy and I worked with them for four years and then I did other, other trainings....and for me it's something about being totally comfortable around your own feelings, around what might come up between you and the client, but also around sex. So when I work with clients on sexual problems, there's all kinds of stuff you have to be able to say' (1:9-14).

In this example from J the 'sex talk' can be seen as a method of normalising the erotic to remove it to a safe distance, to make it about 'the other' through a desensitising process, leading to robotic application of technique in order to become numb to the anxiety and fear. A process of making it just something therapists do; a clinical tool or treatment to be applied to the other, enabling the therapists to be the trained observer, safe and *outside* the relationship

rather than *inside* and with; 'sex talk' as a way to suffocate the tension of the intimate erotic energy, 'sex talk' as a cover story. Talking over the erotic; talking to ensure there is no space for the erotic to occur, talking to avoid the erotic. In this sense it's not intimacy, or erotic or Eros, it's sex and it's about them (client).

In contrast participant P speaking of a similar training experience seems to recognise the distinction:

'Well my training, as I say, was, in sexuality, errr, was opening up, being able to discuss, talk, openly, anything that was at all, sexual. And, by doing that training, we were flooded with, ex, umm, film experiences of all sorts of sexual, and erotic pictures. Which was, umm, quite mind blowing at times. And then of course, after that, umm.....one had talked quite openly. But as far as, dealing, handling myself with erotic material within the, ummm, the room...' (6:189-195).

To tolerate the anxiety:

It is suggested that training and development is not about making therapists comfortable to engage the erotic, but about enabling them to tolerate the discomfort arising from the erotic. In the following examples from participants, the impact of training and development upon increased ability to tolerate the anxiety is illustrated. Speaking about her ability to engage the erotic in practice without her experiences in training and development, participant L states:

'No, definitely not, I think I would have run a mile, I would have distanced myself. I would have been, I think able to work with it, as something out there, but I wouldn't have been able to engage in, ummm, my own experience, or being able to draw on that, with any, any idea really, any confidence. I think it, it taught me how to plummet the depths, of myself, and, not leave bits out. And, the erotic, would have been, I think a piece I would have sidelined or made much more clinical, in my approach to it, because that would have been easier, safer' (10:357-364).

Training and development has enabled L to reduce the safe distance required between her and her clients, to go deeper and not avoid bits of her own self that were difficult, challenging or scary, and now, because she did this, she does not feel afraid and so does not sideline the erotic or objectify it by making it clinical in order to diffuse it and make it safe and easy.

While for participant M, acceptance of the erotic as normal and expected in therapy without assuming the worst has led to a different perspective:

'And I think that it, you know, it just, help, helps me to.....to, you know to tolerate the phenomena that we're talking about, errr, to go through the, you know, the process of recognising that, that's, that's a thing that seems to be going on, you know, lets run with it, ummmm.....and I suppose to just slightly shift, shift my view of the world, ummm, to see other people as erotic beings, ummm, and that's ok, ummm, and, yes, that doesn't have to be, exploitative, it doesn't have to be violent, it doesn't have to be acted on at all' (7:257-263).

In this extract from participant Q, she describes how her development has enabled her to become more relaxed around the erotic and through doing so, create a space for playfulness:

'It means I wouldn't have been so playful. I wouldn't have been as...I think playful is the right word, I think playful in a Winnacottian sense, no I think it is, I wouldn't have been, I wouldn't have been able to use it the way, I might have had, some embarrassment, and....I just wasn't the same therapist, then. I just wasn't, and I would have been more, ummm, I might have been hiding more. No, I would DEFINITELY been hiding more' (5:161-166).

Not being overwhelmed by bodily sensations she is more able and prepared to do the work, able to manage her feelings, her fears, her emotions. Integrating mind and body to enable a whole experience, unafraid to feel the experience as well as think about it; no longer needing to hide.

Participants' inability to tolerate anxiety in the face of the erotic, can lead to an altogether different outcome, as this extract from participant P demonstrates:

'I can, think of one particular client who, he got into a lot of, anger, that, I guess at some level, was erotic. Errr, but I didn't see him on a long term basis because, I felt, we weren't ummm, his anger was getting in the way of any sort of proper work, that we could do. But I guess that he was, projecting something on to me of his, umm, of, there was some eroticism within the, umm, interaction I guess. [].....I suppose, there's something about anger that can be erotic (laughs) and it felt, it was, quite, stimulating in, the way, I was experiencing it, and, but I suppose I was also pushing him away' (2:65-75).

Here P can be seen to be unable to tolerate her feelings of excitement but didn't know what to do with it, didn't know how to engage it. Afraid of her own desire she appears to have pushed him away to remove the discomfort, the client too passionate for P to tolerate. This raises the question of whether therapists have to be comfortable, or whether they are paid to be there and bear witness to *all* of their client's being, comfortable or not.

Another example of negative implications arising from therapists' inability to tolerate the anxiety linked to the erotic is highlighted by participant R, when he tells his client of the impact the erotic in their relationship is having on him:

'[] I actually told the client, ummm, and I, I shouldn't have done that, ummm, err, I, I was inexperienced. [] And, she was a bit, she was a bit, shocked, by that I think [] shortly afterwards, we went through quite a long period of doing it by phone. Ummm, and after that, it, it ended [] I think, the, the stronger thing to do, would have been to hold it. I just, you know, I felt it was (sighs), I felt I did it, to keep, me, safe, rather than for, the, ummm, for the, for her process. I did it for me, not for her' (3-4:95-140).

Here R indicates that he was not strong enough, that the stronger thing to do would have been to hold it. Just as a person may exercise with weights to increase their strength, so might a therapist through their own training, supervision and personal therapy, develop their capacity to hold and engage with the erotic.

Erotic as beneficial to the therapeutic endeavour:

All but one of the participants expressed a belief in the potent *potential* of the erotic for galvanising the therapeutic endeavour and enhancing beneficial outcomes. This extract from participant K illustrates how allowing the erotic space with his client impacted upon the work in process:

[] allowing her, to talk with me, about her fears of attachment and abandonment, recognising the erotic and keeping it, boundaried, but asking “what does this mean, in terms of what we’re doing”, having that there explicitly seems to have been enormously helpful for her’ (2:70-73).

Being open to the erotic led K to respond in a way that in turn facilitated his client, allowed her to explore and express herself. *Allowing* might be the point. Perhaps some therapists *allow* their clients to talk about their fears *through, in* and *using* the therapeutic relationship, while others leave their clients to explore and talk about these things *outside* of the therapeutic relationship: therapists who are *in* the therapy room, but *outside* of the therapeutic relationship, unwilling to be used as a conduit.

Participant N states:

‘I know, that the bits, that, touch my clients, most, are, the very relational bits, where I experience things, err, it depends, you know because some people can’t take too much of that, depends where they are on the, the thing, but then you’re, building that and you’re, modifying your reaction according to, what they can cope with. Ummm, and the, having a real sense that you stand alongside, them, That, umm, I suppose it’s about the, existential aloneness, and somehow, feeling not entirely alone. I think those are the things that, ummm, galvanise the work’ (16:594-601).

Here N describes working in ways that place her with clients, wanting to touch her clients, relationally. Not on top of them (sexual) but alongside them (intimate), in and participating through relationship rather than aloof and removed through an adopted stance; one foot in rather than two feet out.

Finally, participant R sums up the freedom that can be experienced when the erotic bridges the divide and is simply allowed to become part of the relationship:

'But it's, it's, it's interesting that, it's, it enables, yeah, if you're THAT solid with someone, it enables you to enjoy, it's almost like it joins the crack, you know, it's, ummm, and it, it, erotic then, stops being something you have to deal with, but it, it's something you can, you can actually play with, and, and becomes a way of talking about other stuff. Does that make sense?' (19:770-775).

In this sense, the erotic does not need to make sense. Rather, it is the presence of the erotic that can facilitate *sensing*, in the endeavours of the therapeutic relationship.

Having illustrated the way IPA was employed in order to analyse the data and presenting the findings through an interpretative narrative account of the findings generated, supported by verbatim extracts from the transcripts, the following discussion chapter presents a critical appraisal of this research.

Chapter 5: DISCUSSION

This chapter will offer a critical appraisal of the research, starting with the findings from this double study which explored the experience of psychotherapists, engaging with erotic phenomena in their practice, and the implications of training and development upon this experiencing. The findings are considered in terms of how they link with existing literature on the issue, with regard to the fear the erotic can create, and factors contributing to making the resultant discomfort tolerable *or not*. An appraisal of the IPA method and qualitative research is then presented, considering the problematic that IPA appears to desire to be all things at once. This is followed by suggestions for further research that explores the dominant discourse around the erotic in society and how training and development can encourage learning in relation to the erotic that keeps therapists open to it as unknown. Implications for practice are considered, suggesting this research might assist therapists to allow a space for the erotic in their practice that allows it simply to be, amid thoughtfulness about how it might facilitate the therapeutic endeavour in more explicit ways too. Finally, the chapter ends through concluding comments that suggest a need for a clear distinction between ‘the sexual’ and ‘the erotic’ as the former being an element of the latter and that therapists need to develop their ability to tolerate the discomfort of the disruptive power of the erotic enough to have ‘one foot in’ and believe they can survive this.

5.1 Linking the findings with existing literature:

The findings from this research suggest significant issues for the participants involved, largely linked to the potential for the erotic to result in shame. As Mann (1999) and Kastrinidis (2008) point out, the erotic has had a significant presence in psychotherapy since the early days of Freud, and yet, as then, and over one hundred years later, it remains a taboo subject, felt to be largely ignored in training and development by the participants in this research. The findings suggest that engaging with erotic material emerging within the therapeutic relationship is fraught with a sense of danger and fear, capable of triggering varying degrees of anxiety and discomfort in participants. For most,

their core formal training and development through training institutions, appears to be sketchy at best and woefully lacking at its worst, resulting in many participants feeling largely unprepared and ill equipped to tolerate the presence of the erotic in their practice. However, findings also suggest participants recognise the importance engagement with the erotic can have on the therapeutic process and ultimately for clients, leading to a sense of feeling the need to face their fears and be prepared to create a space for thoughtful, and mindful contemplation of how it might aid the work if its presence can be allowed to infuse the work rather than be closed down or avoided.

The fear surrounding the erotic has been shown to be multi-faceted, with the unknown, self and other, all causing varying degrees of concern for participants that at times could be akin to what Kumin (1985) refers to as 'erotic horror.'

Echoing Searles (1959) experience, many participants have felt embarrassment, anxiety and guilt over feelings they have developed for clients, and worried about how their actions may be exploiting clients for the therapist's own gain. However, like Searles (1959), Schaverien (2006b) and others (Davies, 1994; Tansey, 1994; Mann, 1994, 1997; Bonasia, 2001 for example), with experience and increased confidence in working with erotic phenomena, many have learnt to be able to tolerate these feelings and to use them for positive rather than negative outcome in therapeutic relationships. In this way, participants have, as Davies (1994) suggests, made the distinction between thought and action, but also between the erotic and the sexual, and enabled themselves to participate in exploring the erotic with clients without the fear that to do so will automatically lead to sex, and instead opening the way to potential opportunities for clients to achieve reconfigured meanings.

Much of this developed ability to engage the erotic in their practice does indeed appear to be down to participants enabling themselves through their own efforts 'ad hoc', and in spite of, rather than because of training and development adequately addressing the issue and preparing participants for the phenomenon. Many participants reported feeling that taking part in this research had been beneficial and had enabled and facilitated deep thought in

them. This raises a question over whether therapists need to be approached about the erotic, asked and prompted to think about it. This led the researcher to wonder if therapists need to be personally interested in the erotic in order to engage with it, or if the erotic has to touch therapists in some way for them to get interested enough to be open to it.

Not all participants however have developed sufficient ability to tolerate the discomfort so often linked to the presence of erotic phenomena, felt by participants to be linked to its sexual element and the potential for shame. Fear of the erotic as often involving sexual feelings and sensations as part of its own proper dynamic (Haule, 1996) and therefore being dangerous, can be seen from this study to result in many participants seeking protection and safety from the rawness of intimacy through various means.

Sanctuary in the less threatening mother-child relationship as a way of viewing what is occurring, being one example that Mann (1994) states invokes the incest taboo, silencing some of the participants and potentially leaving, as Davies (1994) claims, the client holding the guilt for both their own and the participant's (i.e. therapist's) erotic desire. While the nurturing mother role may provide a convenient place for therapists to avoid and hide in from less desirable possibilities, such as lover or even prostitute, arguably the implications are significant for their clients if therapists are willing to adopt *this* position, but *unwilling* to progress with their clients through later developmental stages. As highlighted by Asheri (2004), conflict and confusion can arise when therapists infantilise their clients, without allowing space for the adult, sexual self that is also present. An adult self that may be increasingly suppressed as the *client* develops, while the *therapist* refuses to leave the perceived comfort and safety created by the theoretical construct of the pre-oedipal stage.

Maintenance of boundaries provides most participants with a sense of security that enables them to undertake engagement with erotic phenomena. Use of boundaries seems to allow participants to convey what Rouholamin (2007) describes as a reminder to clients that the relationship is professional rather than personal. However, boundaries that could be adopted to create a

containing and protective holding space for clients to feel safe enough to become intimate, end up being used to control and restrict clients in order to ensure they *do not* become intimate. Boundaries, being used as Haule (1996) suggests, to erect defensive barriers dressed up as professionalism in order to obscure and exclude the erotic and keep therapists safe; boundaries as avoidance of intimacy by therapists in the guise of ethics.

The findings in this study suggest many participants view regulators as prowling the perimeter fence, waiting to pounce on any sign of dissent in the ranks and to make examples of them in order to advance the message and sustain the fear. If this belief is reflective of reality, then in trying to protect the public (clients) by stamping out abuse, regulators appear to risk stamping out the erotic itself; throwing the baby out with the bath water so to speak. This raises ethical issues if regulating psychotherapeutic activity in such a way results in therapists fearing even allowing the thought and thus denying clients the opportunity for the erotic to emerge and to meaningfully influence their therapeutic endeavour. It could be argued however, that this perception simply provides therapists with a convenient excuse to avoid their own anxiety and escape responsibility. It might be suggested that participants' apparent concerns regarding regulators are in fact projections of unresolved issues around authority. As previously suggested, this might be seen to be linked to an oedipal issue for therapists, through which there is a need from some sort of parental figure to permit them to attend to the erotic.

Davies (1994) argues denial of erotic desire and intimacy in practice can re-abuse clients through recreating earlier life experiences, raising questions over why *this* form of abuse is acceptable. Haule (1996) captures the abusive potential for clients when he writes:

He hears but acts as though he does not, conveying a mixed message to his patient. He brands her voice demonic, destructive, and evil. He frustrates her demand for inappropriate narcissistic gratification, all right, but by no means "optimally." He fails to respond to and "mirror" her emerging self. Although "righteous" and "ethical" in a way the persona field would surely approve, he has converted an opportunity

for "optimal frustration" into a "depreciating frustration." Instead of structuring her self, he confirms its incoherence and contributes to the obliteration of any emerging structure that might have been discerned in her "sexualized" desire to dissolve in the we. Furthermore, by lashing himself righteously to the mast of his respectable therapeutic persona, he implicitly asserts that the madness and incoherence is all hers. He is the virtuous and healthy one. She is destructive, infectious, and evil. This publicly approved frustration depreciates her as the hopelessly deranged Siren she fears she is (1996:165).

Avoidance in training and development might be seen to breed avoidance in practice through failure to hold a space open for thinking about the erotic. Therapists could be seen to be colluding with the lack of opportunity in their training and development, in order to avoid the fear and dread Haule (1996) describes as arising from the call of 'the-we' in therapeutic relationships, justified in adopting 'blissful ignorance' to excuse themselves from engaging the erotic in their work with clients. Perhaps real intimacy in the therapeutic relationship demands too much of therapists and feels too much like hard work. If it really is the relationship in psychotherapy that is felt to be the most important factor in terms of outcome, then surely relating is requisite. 'Do not touch' in therapy does not mean do not get *in* touch, and arguably, failure to do so could be seen to make a sham out of the psychotherapeutic endeavour.

For Polanyi (1966:15) '*Our body is the ultimate instrument of all our external knowledge, whether intellectual or practical.*' This raises questions over what the body *knows* with erotic material and if like an instrument, the body of the psychotherapist picks up the vibrations, sensing and feeling them, and what this leads to. If the rhythm gathers pace until a fever pitched crescendo threatens to overwhelm the unprepared therapist, actions might be taken in order to turn the music down, or off altogether.

It might be suggested that the erotic in therapy could be for many like frustrating foreplay that always denies orgasm. An area that can only be engaged with or taken so far, and therefore, the pre-determined outcome of 'no scope for intoxicating omnipotence to lead to authorised ejaculation' might

cause therapists to avoid what they perceive as unnecessary suffering. Fear and anxiety may not be all that prevents therapists engaging the erotic in their practice. There may in fact be an element of selfishness at play, with therapists putting their own needs before *the other*.

More importantly perhaps if this is the case, those with the perceived power and authority in training and development, could be denying therapists opportunities for developing understanding of the potential for a different sphere of obtaining intimacy with their clients. Intimacy through the *potency* of the erotic, culminating in reproduction of a different kind, a deeply penetrating psychological encounter of erotic-education towards ethical improvement of the other, akin to the motivation of Socrates described earlier, as opposed to a physical consumption of anxiety aimed at immediate relief from discomfort. There is a need for therapists, especially with the erotic, to develop a tolerance for that place of not knowing, that space in which if the anxiety can be borne, meaningful development may occur, a place that might be thought of as the 'transitional space' described by Winnicott (1971, 1986, 1990).

Participants' experience of a 'tick box exercise' style coverage in training and ethical warnings that come across as thinly veiled threats, ensure the erotic is often not developed beyond a basic limited understanding of negative implications. Participants, like others (Giovazolias and Davis, 2001; Elise, 2002; Sherman, 2002; Fisher, 2004) suggest a need for training and development that acknowledges the erotic as a central aspect running throughout development, in order to ensure promotion of experiential learning that allows for arousal of affective reactions (Housman and Stake, 1999). Trainings deferring to supervision as the arena to explore the issue, fail to understand the fact that therapists need permission to speak of the phenomena (Rodolfa et al, 1994). Unprepared therapists become unprepared supervisors and continue the same cycle of avoidance (Housman and Stake, 1999) as highlighted by participants who were very clear that though *some* supervisors can become trusted guides and confidantes, all supervisors are certainly not created equal. Ability to explore the erotic in supervision is felt by participants to depend greatly upon the individual supervisor's stance regarding the phenomenon, suggesting a game of chance or pot-luck.

The findings from this study also highlighted what participants found to be facilitative in working with erotic material. Significant both for participants and in the existing literature are the positive implications of training and development upon participants/therapists ability to work with the erotic, when this is felt to have meaningfully addressed the issue. What the study highlighted with these participants, was that those who described higher levels of confidence, comfort and willingness to engage with erotic material, corresponded largely to the amount of attention reported by them to have been given to the topic in their training and development and the style in which it was facilitated. This echoes the findings of other studies into therapists' ability to work with erotic material, including for example, Paxton et al (2001).

Fear of guilt and shame through publicly speaking of the erotic remains, states Schaverien (2006b), while Springer (2006) argues by keeping the issue in the dark it hurts us all. This is despite the erotic being everywhere in western culture. Advertisers and others use concepts and imagery to convince their target audience of the potential for their product to influence and enhance consumers' attractiveness and desirability, conjuring up fantasies that amount to scenarios in which individuals will be regarded highly by others, leading to them being wanted and desired. The erotic is clearly very powerful in society and is blatantly used to seduce. This outcome can only be possible if it resonates deeply within and calls to a yearning, and yet the paradox remains that despite this, it is difficult to openly speak of without the stigma of shame lurking close by, the erotic as everywhere and nowhere all at once.

Participants and psychotherapists in general are all part of this society too and as such are encumbered by the same fears of judgement. Help is needed to overcome this 'baggage' in order to in turn be able to assist clients to face their own fears. The findings from this study and the literature review suggest power and authority to inhibit or disinhibit participants comes from training and development that either grants or withholds permission to think and speak about the erotic, cleansing the erotic from dirty and shameful to acceptable and expectable or leaving it tainted and stigmatised. With many participants developing their ability to engage the erotic through their own additional

learning post-qualification, the erotic could be seen as taboo in formal training, raising a question over whether training needs to be *informal* instead. A possibility is that formal trainings are too restricted by fear regarding the inherently disruptive power of the erotic in similar ways to those described by participants, requiring permission from 'an authority' to feel unencumbered themselves. Trainings might simply be seen to be dancing to the tune of society, which, as argued by Freud in *Civilization and its Discontents* (1930), requires that the formal structure exists so as to maintain safety and control through repression and denial, thus keeping instincts and the disruptive erotic in check through conformity to maintain civilised order. This raises a question over how far up the hierarchical structural chain of command development and understanding around the erotic needs to go in order for it to be passed back down as permitted to psychotherapists in practice. Training institutions might then stop propagating the dominant discourse surrounding the erotic by no longer colluding with it.

Though participants seem clear on the power authorities in training and development are felt to have, they appear to be equally clear on the importance of once permitted, *how* learning about the erotic in therapy is facilitated. Training and development perceived as avoidant and deadening of the erotic, failed to prepare participants for the raw, visceral nature of the erotic. Hiding behind theory, theory as providing false confidence and power, can be seen to lead to therapists ending up talking the talk and deluded into believing they are engaging the erotic, when in actual fact they are, as Ulanov (2009:91) states, '*talking the fire to death, taking up all the oxygen in words*' in order to avoid '*the affective heat.*' Theory in this sense can be seen as limiting and violent to the erotic. Findings from this study and the literature review suggest failure to address the erotic effectively through training and development leads to three possible outcomes: avoidance; acting out; or mechanistic application of 'techniques' that equate to avoidance while deluding therapists otherwise.

Though Stirzaker (2000) suggests contemplation of erotic issues during training may lead to therapists from a psychoanalytic background feeling better equipped to engage the erotic, it could be argued they are just better

able to theorise about it and therefore *appear* to engage it. Use of erotic transference and countertransference as theoretical explanations, could be viewed as a means to remove the raw, visceral erotic from the relationship and enable psychoanalytic therapists to avoid anxiety and discomfort through theoretical constructs that let them think they know.

Conversely, *experiential* learning in training and development is shown by participants to be necessary and powerful, facilitating the opportunity to open therapists up to the erotic, to open their eyes to see but also their senses to *feel* the erotic. Not to technique it or learn it in a mechanistic, comfortable avoidant way. The erotic cannot be taught, learnt, prescribed for, and it is of crucial importance to the researcher therefore, not to suggest it can. The erotic cannot be made safe, but it can be allowed and expected, welcomed. It is the concomitant affective state aroused by the erotic in therapists that can be explored through training and development. The anxiety and discomfort reported by participants and in the literature is a very bodily, felt experience. Therapists cannot be expected to tolerate this, at times overwhelming emotional response to the erotic in practice, if they have never had the opportunity to consider, contemplate, explore and experience it in their training and development.

The findings of this study then, illustrate experiences of the participants that both confirm thoughts and findings well documented in existing literature, but also give a sense of other elements, perhaps less researched and 'understood'. These include the discomfort the erotic can create in therapists in relation to the role they imagine they might be serving for the client i.e. prostitute, and the perceived benefits of experiential learning in relation to the erotic, over didactic teaching for meaningful development. Having considered the findings in relation to the literature, the researcher will now present a critical appraisal of IPA and qualitative research.

5.2 Critiquing the method:

As previously stated in the methodology chapter, IPA provided the researcher with a structure, through a set of guiding steps, which offered the novice researcher enough reassurance to feel able to undertake the research.

Though the researcher found IPA both helpful for the above reason and to some extent enjoyable, he is also mindful of the paradox that exists within IPA. While IPA can indeed be seen to be very guiding and prescriptive in terms of the step by step instructions provided for analysis, Smith et al (2009) also encourage freedom and creativity with the method. This includes an almost free textual analysis approach in which there are no rules about what is commented upon; not all raw data has to be accounted for; and advocating researchers adapt and play with the method to suit their research needs. As a result the researcher was aware of both a sense of being guided, while at the same time disturbed by concern that he was *too* free to do as he pleased and wondered what restraint was therefore in place to prevent and discourage him from simply finding what he might consciously and unconsciously have set out to find.

Giorgi (2010) (who states any deviation from his own method is therefore *not* his method) mounts a strong attack against IPA for this very reason, expressing concern over its scientific status and claiming poor scientific practice results in the method being scientifically unsound. For Giorgi (2010), the freedom to adapt the method so arbitrarily creates the potential to deviate so widely that another method entirely is created, and also makes it difficult for another interested researcher to replicate the study and check findings, stating *'It is, perhaps, desirable not to be rigid, but to be completely prescriptionless is as problematic as being excessively rigid'* (2010:7). Giorgi (2010) suggests calling IPA 'Individualistic Experiential Analysis' would be more accurate *'because it is the unspecified individual perspective that dominates'* (2010:10).

However, setting the limits in IPA Giorgi (2010) claims are necessary in order to make it credible, would, arguably, simply support a fallacy that research of this nature could ever be truly scientific and produce truths that are replicable.

Moreover, it is questionable why it would *want* to be seen as scientific in the sense of the positivist traditions appropriation of the term and its associations. Garza (2007:338) states '*The flexibility of phenomenological research and the adaptability of its methods to ever widening arcs of inquiry is one of its greatest strengths.*' Smith (2010) responds to Giorgi (2010) by arguing there are limits, that there is not total freedom in IPA, steps need to be made and in an appropriate order, but that there is flexibility in how the steps are taken that advocates '*a balance between stricture and flexibility*' (2010:189).

Thomas & Loewenthal (2007) argue that though IPA does not intend as a method to make objective statements, it lacks provision within it to ensure researchers resist presenting their findings as conclusive. Arguably, attempts by IPA to reproduce the systematic rigor associated with scientific methods in order to defend validity, through notions of independent audits and checks of the process, encourages researchers to believe their findings are justifiable and therefore conclusive. The researcher would argue however that the whole notion of rigor and validity in research of this nature is a charade through which qualitative methods seek to emulate quantitative approaches and in doing so mask '*the "intractable uncertainties" and the unstable ambiguities of linguistically communicated meaning*' (Scheurich, 1995:241). Quantitative research seeks to measure the reliability of a study by seeing if it would yield the same answers on different occasions. The criteria traditionally adopted to evaluate quantitative research are not meaningfully applicable to qualitative research (Willig, 2008). Suggesting that IPA researchers provide their supervisors with samples of analysis for checking, while advocating creative and original use of the IPA method and acknowledging that there is no single credible outcome, feels like an inauthentic, tick box attempt by Smith et al (2009) to cover all bases. IPA could in this way be seen to be like the teenager striving for independence and individuality while at the same time still seeking approval from their parents.

The researcher believes the issue stems from attempts by Smith et al (2009) to be both rejecting of positivist notions of truths in relation to human experience, while at the same time seeking to justify IPA's credibility by adopting scientific standards. It seems the willingness in IPA to be both

creative in new post-modern forms, while attempting to acknowledge the benefits of some scientific standards leaves it open to criticism of wanting the best of both worlds. This avoidance of all or nothing may in fact though be its strength. Finlay (2009) quotes Eugene Gendlin (1926-), from Lieberman (1997:269) *'Let us enter and speak from the realm that opens where all distinctions break down'* when she states: *'We need to go beyond the lines drawn by both modernism and post-modernism embracing both and neither'* (2009:17).

Can IPA then have its cake *and* eat it, or does it need to get off the fence and make a stand for what it truly purports to believe? Smith et al (2009:81) state that *'IPA is an approach and sensibility, as much a way of thinking and seeing, as of doing something.'* IPA might currently be seen as more of an ideology in qualitative research than a method by traditional standards, and as a result needs to draw its boundaries tighter and more clearly; or perhaps it is in fact ahead of the game and the likes of Giorgi (2010) need to let go of old, outdated ideals. As Langdridge (2008:1131) writes, *'such boundaries would be antithetical to the spirit of the phenomenological psychological tradition that prizes individuality and creativity and...remains somewhat sceptical of methodology, at least as used in the pursuit of truth.'* While van Manen (2007:11) states that *'Phenomenology of practice is an ethical corrective of the technological and calculative modalities of contemporary life...phenomenology is also a project that is driven by fascination: being swept up in a spell of wonder, a fascination with meaning.'*

IPA then seems to be caught somewhere in the middle of what Finlay (2009) states is the disagreement between phenomenologists over the significance that should be accorded to scientific versus artistic elements. The ability to interpret and advance the participants accounts through IPA, allowed the researcher the opportunity to reveal and communicate the energy and intensity of the erotic phenomenon deeply and richly in a sensed and felt way, rather than simply stripped back to cold, clinical, scientific data. In this sense it would seem appropriate to liken this to the ability of a film's score to evoke an affective response in the viewer, to heighten and deepen the emotional experience of the factual story told, bringing it to life. Finlay (2009) believes

researchers need to attend to the audience they are trying to reach in a way that will have most relevance and impact. The aim here is to touch therapists through this research in a way that allows them to recognise themselves in it and learn something through that experiencing.

Smith (2010:189) argues against Giorgi's (2010) requirement for research being replicable on the grounds that '*Qualitative research is a complex, interactive, dynamic process and it is not clear exactly what one would be expecting to replicate*' and states rather that a piece of IPA research should be able to justify that its findings are credible, as evidenced by the ability to check how these came about via the analytic trail. In this sense, though IPA takes an interpretative, rather than purely descriptive approach to the data, verbatim extracts do give the reader the opportunity to agree or disagree with interpretations which must at least stem from the original data. Credible findings, rather than provable findings or claims to truths, seem to be more realistic hopes for what qualitative research can aim to contribute towards developing understandings.

Qualitative research presents itself as offering something different from quantitative methods, so there should be no need to impersonate. If qualitative research is truly to bring something 'other' than quantitative research to the table, it needs to have the courage of its convictions and bravely stand for what it alleges to represent. Researchers adopting this approach will also need to believe in its potential strongly enough to be willing to withstand likely criticism and argue in its defence, something the researcher at the time did not understand or feel confident to do, as evidenced in regard to the number of participants used in this double study.

The researcher is aware of a great deal more that could have been said and does not feel he was able to do justice to the approach given the number of participants used in the study. Though Smith et al (2009) state that IPA can be used to conduct larger studies, they suggest it is suited to smaller samples of roughly three participants, and even for use in single case studies.

In recruiting eight participants to each of the two studies, the researcher felt there was not enough space, due to the limitations of the research, to do

adequate justice to the idiographic nature of the IPA method. The scope to use so much more detail of individual participants accounts could have allowed for a deeper insight into the lived experience, telling richer, fuller stories if for instance the studies were made up of just three participants. The decision to recruit eight participants was based upon the sense that this number, while still small by quantitative standards, would be large enough to be credible as a piece of qualitative research. As a novice researcher at the outset, these assumptions were based on the perceived sense that this was the approximate amount expected by the university (the power and authority), and also roughly the number fellow researchers were aiming for in their studies. In adopting this approach towards recruitment, the researcher could be seen to be seeking to mimic legitimacy related to quantitative methods, even though this study from the start had no intention of attempting to make any claims that could be generalised.

Having recruited eight participants for the first study, the researcher decided the same number for the second study would help keep the research balanced. With hindsight, there is now a question of whether it would have been interesting to recruit fewer participants to the second study, for the very purpose of contrasting the two for their differences and reflecting upon the pros and cons of each for the learning this could offer, rather than attempting to achieve sameness, balance and harmony; neatness and order rather than allowing for *disorder*.

The attempt in IPA to be idiographic in nature is partly what appealed to the researcher in choosing it as a method, and in turn frustrated him in his inability to achieve a greater level of commitment to this. However despite these external factors, the internal process of IPA itself, while claiming to be idiographic, taking account of the individual context of participants, eventually strips this context down. Starting with transcription where physical, non-verbal and prosodic aspects such as intonation, rhythm and intensity disappear (Scheurich, 1995) resulting in decontextualised words (Mishler, 1986), through a refinement of themes, to produce super-ordinate themes for the group that attempt to 'know' the participants as a collective. Also, there is no provision in the method to allow for the relational in the interviews, between the researcher

and the researched, to be heard. The method ends up coming before the person, the method before 'the ethical'.

For Levinas (1989:76) attempts to 'know' are used to overcome difference. In our need to 'know' and understand the otherness of the other, we remove the 'difference' and make it 'same.' According to Levinas (1969), in thematisation *'the individual that exists abdicates into the general that is thought'* (1969:42). As Clegg and Slife (2005:68) state *'The categories of being replace the face of the other with a generalised other, a generalisation that will always be inadequate to the living face of the other.'* While Kierkegaard (1941) cautions:

The ethical lays hold of each individual and demands that he refrain from all contemplation, especially of humanity and the world; for the ethical, as being the internal, cannot be observed by an outsider. It can be realised only by the individual subject, who alone can know what it is that moves within him (1941:284).

In attempting therefore to reduce the participants in this study to a representative whole, through a master table of super-ordinate themes, violence was inflicted upon their infinite otherness, raping and plundering 'the other' in the interest of making them 'same' and 'known'. As Thomas & Loewenthal (2007) argue, how does the assimilation of data to allow unity of experience to emerge, subjugate any possibility of disunity? Where in IPA do all the bits that do not fit harmoniously together get heard? Smith et al (2009) argue that IPA does try to make provision for this by seeking commonalities while also calling for the uncommon to be heard though individual, nuanced accounts of divergent instances. In the researcher's experience however, and again exacerbated by the number of participants, much is lost on the cutting room floor.

Arguably, as a result of this, perhaps the researcher, through his attempt to discover something from his participants, ended up doing to them, the very thing he is arguing they as therapists should not be doing to their clients: reducing others to objects and generalisations to construct containers used to predict and control (Scheurich, 1995), to know and understand. Clegg and Slife (2005) make clear Levinas' view:

*Levinas' project then is not to undermine the possibility of all systematic knowledge...rather, to undermine fully adequate, or apodictic, conceptions of rational knowledge. Knowing requires themes **'but it is also necessary that the saying call for philosophy in order that the light that occurs not congeal into essence, and that the hypostasis of an eon not be set up as an idol'** (Levinas, 1981:44)...Any approach to knowing then, any epistemology, if it is to be an ethical epistemology, must be capable of simultaneously making necessarily reductive assertions about the self-and-other-in-relation and **'despite the reduction, retaining an echo of the reduced said in the form of ambiguity** (Levinas, 1981:44). An ethical epistemology must recognise the necessity of saying something while never allowing that said to be reified, crystallized, or dogmatized **'for the saying is both an affirmation and a retraction of the said'** (Levinas, 1981:44) (2005:70).*

It occurs to the researcher, that in wanting to retain the 'wholeness' of his participants' accounts, a need to hold on to some sort of comfortable idea of 'safety in totality' has emerged. In postmodernism as Crotty (1998:185) states: *'Instead of espousing clarity, certitude, wholeness and continuity, postmodernism commits itself to ambiguity, relativity, fragmentation, particularity and discontinuity.'* It could be argued that though on the one hand Smith et al (2009) seemingly want IPA to be all things at once (realist and constructionist, positivist and relativist, interpretative and descriptive), IPA is in fact offering something along the lines of a postmodern method. This speaks to the researcher's own experience of the emergent picture shifting each time he went back to the data, seeing and experiencing a different view.

Clearly the method has its shortcomings, but given its relative youth, increasing popularity and ongoing evolvment, perhaps IPA will develop closer to the postmodern method its current features are arguably suggestive of. Smith et al (2009:6) themselves state: *'IPA is not trying to operationalise a specific philosophical idea, but rather draws widely, but selectively, from a range of ideas in philosophy.'* Smith et al (2009) appear to be saying here that they are not claiming IPA to be phenomenological, but rather inspired by

and attempting to follow the philosophy of phenomenology. Perhaps then, critics would be happier if it were called Interpretative Phenomenologically *Inspired Analysis*. Unlike Giorgi (2010), Smith et al (2009) could at least be seen to welcome the possibilities a creative use of IPA could have for its future evolvment. As Mills (2005:150) warns *'To prosper and advance, it becomes important for any discipline to evaluate its theoretical and methodological propositions from within its own evolving framework rather than insulate itself from criticism due to threat or cherished group loyalties.'*

Reflecting upon the process undertaken, the researcher is aware of the claim Smith et al (2009) make with regard to IPA taking account of researcher reflexivity, but he questions this. This research has been informed, influenced and impregnated along the way by all manner of 'experiential moments' the researcher has encountered. Either alone with literature, thoughts or news, or through relation and contact with others such as family, friends, colleagues, clients, tutors, supervisors, or strangers, all of these have shaped and developed the research presented here. No doubt these factors would continue to do so beyond this current moment in time, so that somehow were this thesis to be written in six months time, it would be different, similar, perhaps very similar, but different.

Though IPA does not advocate the use of 'bracketing' (and the researcher supports this as he considers bracketing an admirable endeavour but quite unrealistic), it does not allow in the writing up for the researcher to take into account their own presence, which not only initiated the desire to conduct this specific piece of research but also 'steered' it from beginning to end. As Sword (1999:270) points out *'Locating oneself in the research endeavour...is essential for establishing a context within which others can appreciate the evolving search for new understanding and the creation of a final research product.'* Given the researcher's own background (mentioned earlier in the introduction) his actions are bound to be biased to at least some degree, no matter what attempts he may have made to be otherwise. Processes are at work within us as we analyse our data, influencing and seeing what we see and ignoring that which we do not see or do not want to see; *how* we notice and *what* we notice, rejecting or assimilating phenomena based upon their

ability to construct the story we wish to tell. As Giorgi (1994:205) has stated *'nothing can be accomplished without subjectivity, so its elimination is not the solution. Rather how the subject is present is what matters, and objectivity itself is an achievement of subjectivity.'*

Though IPA requires a reflexive attitude from the researcher, it does not advise how to incorporate this into the research process or show how a particular researcher's own conceptions are implicated in the analysis (Willig, 2008). Perhaps if IPA intends to continue encouraging such open adaptation and creativity with the method, researcher reflexivity needs to feature much more explicitly.

Arguably, the 'interview schedule' recommended in IPA sets out the researchers agenda and is used to steer and define the interview as a way of keeping it on track, but it is the *researcher's* 'track'. The subjectivity of the researcher is already all over the research study and the interview schedule just seems to reinforce this. Scheurich (1995:240) points out *'...the researcher has multiple intentions and desires, some of which are consciously known and some of which are not.'* Research claiming to be phenomenological should not set out to ensure anything from the outset. In making sure the interview provides what the researcher wants/needs, it simply increases the likelihood of the research producing what the researcher wants/needs to find. This appears to be another example of IPA seeming to cover all bases by paying lip service to something (researcher reflexivity) while then contradicting this in the methods process.

Smith et al (2009), state that interpretations should not be made during interviews but rather should be saved until later in the analysis. However in reality the researcher found this very difficult to avoid and was undoubtedly influenced by his training as a psychotherapist to think in this way and therefore interpretations, especially in the first study, were inevitably made during the interviews. This is an occurrence Giorgi (2010) states is common and often overlooked by therapists who conduct qualitative research. However despite this, the transcripts would suggest that at times this led to deeper sharing of thoughts and feelings from participants (though it is

acknowledged they could just have been paying 'lip service' to the researcher, aiming to please and give him what they thought he wanted). In this sense the data produced does not provide purely the participants account of their experience but rather a co-created account, influenced by both parties, this particular researcher, with each particular participant, in that place, in that moment and time, '*a reciprocal insertion and intertwining of one in the other*' (Merleau-Ponty, 1968:138). Unlike in the conventional, positivist view, the context is *not* inconsequential (Mishler, 1986). The context within which the research is situated, life-worlds of both researcher and researched, influence the research. Why this question? Why now? Why this way? Why participate? Why not participate? The complexity of the multiple variables involved, highlight how research could never be simply objective and impersonal.

Clearly then this double study appears to have produced findings that reflect something of the existing literature and say something about the experience of the participants involved. Though it never sought to produce generalisable 'truths', it could never have done so, even if it had set out with such intentions. A researcher can never fully hear and comprehend the 'other', given that whatever is heard is processed and filtered through the researcher's subjective knowledge. As Loewenthal (2007:229) writes: '*As relational researchers, we will always be subjective, our values determining what we hear and what we say.*'

Indeed these are in fact just the researcher's findings at a certain point in time, at *his* point in time, from the position he took in the world at that time. Binswanger (1956:196) states: '*There is not one space and time only, but as many spaces and times as there are subjects.*' The same questions, asked by the same researcher to the same participants now would be unlikely to elicit the same responses as then. Both researcher and researched make assumptions based upon their tradition and what they have accepted as knowledge. For Heidegger (1962/1927), *time* was crucial: '*Whenever Dasein tacitly understands and interprets something like Being, it does so with time as its standpoint*' (Heidegger, 1962/1927 in Friedman, 1991:95). What is spoken of therefore will always be in a specific temporal and historical context

(Loewenthal & Snell, 2003) and this could easily get in the way of getting back 'to the things themselves.'

The interminable nature of analysis through the hermeneutic circle means that new readings of the data emerged all the time. Analysis of the original transcripts would not necessarily lead the researcher to the same findings now. As Scheurich (1995:243) writes '*Human interactions and meaning are neither unitary nor teleological. Instead, interactions and meaning are a shifting carnival of ambiguous complexity, a moving feast of differences interrupting differences.*' With infinite possibilities for meaning, no understanding can ever truly be reached that can claim to provide a 'truth'. As Heraclitus quoted by Plato (1998:33) states '*you cannot step into the same river twice.*'

For Derrida, meaning is in a constant state of flux because of the instability of language, leading to his concept of *différance*, meaning both to differ and to defer (Loewenthal & Snell, 2003). Derrida does not believe 'signifier' and 'signified' ever come together definitively (Crotty, 1998). Sarup (1993:33) states Derrida '*sees the sign as a structure of difference: half of it is always 'not there' and the other half is always 'not that'.*' Crotty (1998:205) therefore points out that with signifiers and signifieds refusing to stand still '*Signifiers constantly turn into signifieds, which keep turning into signifiers. As we search for meaning, we find ourselves led along a whole concatenation of signifier/signifieds – an infinite regress of signification.*' For Lacan (1977) therefore, language attempts to capture meaning, while destroying the very essence of that which it seeks to explain due to its limitations.

The analysis produced by the researcher in an IPA study is always an interpretation of the participants' experience by the researcher, with that experience itself always only partially expressed by the participants due to the limitations of language. The themes from the findings in this study were real for the researcher in that moment, at that time, through that searching, the data made sense, it spoke in that way and appeared to be; but that does not mean the participants would agree. The findings may not hold meaning for them, or reflect and ring true with their own lived experience. However the

findings are not reviewed with the participants and the researcher wonders if this denies the opportunity to filter further and reach a point where both researcher and researched agree on what remains, or if this is a foolhardy suggestion. Foolhardy to ever suggest that two infinitely unique individuals could ever agree upon a written account that reflects a true, accurate and meaningful understanding of what took place, and of the two, how the researcher's viewpoint can take primacy over the researched. Perhaps the findings would be more credible if the researched spoke, the researcher analysed and interpreted and then the researched reviewed the account, amending it where appropriate to produce a final representation of their lived experience that rings as close to true for them as possible. Arguably it would still remain a partial account, of a story *they thought they* wanted to tell, and limited by language. Merleau-Ponty (1962:xx) posits that meaning is relational and therefore emerges in the space between subjects, stating: '*The phenomenal world is not pure being, but the sense which is revealed where paths of my various experiences intersect, and also where my own and other people's intersect and engage with each other like gears.*' In this sense the meaning generated is co-constructed and therefore impossible to be faithfully truthful of either being's perceived experience.

The researcher would argue however, that regardless of a participant's ability to say what they think or mean, or to know what they think or mean, much less the researcher's ability to interpret this meaning or prevent contaminating the data with his own subjectivity, the transcripts do contain something. They contain some element of the participants' experiences, and as such contain some value in their potential to offer a sense of what it is like for these participants to engage with the erotic. Smith et al (2009:202) point out that IPA is concerned with micro level analysis of lived experience rather than making macro level claims, and state that it is '*about degree of focus and speed of generalisation.*' IPA seeks to produce micro analyses which may contribute to and develop macro accounts (Smith et al, 2009). The transcripts and findings developed from these in this study cannot claim to tell a complete truth for a single one of the participants, let alone the whole group and

certainly not to be generalised to a wider population; but that does not mean they have no value at all.

With meaning never staying the same from context to context then, arguably all we can ever hope for is a 'sense' of what something is, questions in search of a sense rather than an answer (Heaton, 1994, in Heywood & Loewenthal, 2007).

As Crotty (1998) states, with regard to the post-modern standpoint:

...we may no longer have clarity and certitude but at least we have a creative and liberating embrace of ambiguity. If we must lose the firm grip we have on reality, we can remind ourselves of the price we pay for having that firm grip in the first place – the repression of so much of reality's richness (1998:210-211).

If it is possible to resist the need to totally 'know', then arguably this research offers the opportunity to take a glimpse and 'sense' something.

Cayne and Loewenthal (2007) claim there is a need for methodologies that are more exploratory rather than explanatory to be developed, and that researchers should select a methodological paradigm that is able to cope with what Van Maanen (1983:250, in Cayne & Loewenthal, 2007) called '*the messy, disordered and difficult to pin down.*' As Spivak (1988:105, in Scheurich, 1995) points out, by '*explaining, we exclude the possibility of the radically heterogeneous.*'

5.3 Further research and implications for practice:

Like the potential for meanings from a single page of transcript, the possibilities for further research, in what is arguably an issue of utmost importance for psychotherapists work, are vast. However given the apparent relation between participants'/therapists' ability to engage the erotic in their work and the degree to which the issue was/is addressed in training and development, the researcher would suggest future research might focus upon exploring:

How can training and development provide psychotherapists with the opportunity to be thoughtful about the erotic, and to question their assumptions in a way that opens them to the erotic, rather than attempts to prescribe a way of working with it? Can training and development address the need without developing a theory or technique that seeks to predict and explain erotic phenomena and leads to another way to avoid, while creating the illusion and delusion the erotic is being engaged? Do psychotherapists violate their clients from the outset, by applying all manner of assumptions and cultural constructions in order to relieve their own anxiety and discomfort, to make the client 'known' and let the therapist think they 'know', and if so, how does knowing prevent the *unknown* from ever being known? How much does the client's opportunity to explore and generate deeper understanding of their essential being, depend upon the comfort, willingness and ability of their psychotherapist to remain open to and engage with erotic phenomena?

Rather than seeking to be told by an authority how to engage erotic phenomena in practice, in the belief such knowledge exists, how can therapists be encouraged to experience in a way Felman (1987:88) suggests develops knowledge that is not authoritative, that is not mastery, *knowledge which does not know what it knows*, but a learning that encourages learning by continuously subverting itself through an interminable self-critique? To repeat Mitchell (2006:77) on Polanyi, '*Tacit knowing requires the constant integrating activity of the knower.*' How can the erotic remain alive, without being developed to death?

Perhaps a fundamental piece of research required to aid all other studies on this topic, would be an enquiry into the dominant discourse (possibly using Foucauldian Discourse Analysis) in society regarding the erotic and how this wields power and authority over the actions of individuals throughout society. Foucault (1980:39) himself speaking of power, states it '*reaches into the very grain of individuals, touches their bodies and inserts itself into their actions and attitudes, their discourses, learning processes and everyday lives.*' A Foucauldian discourse analysis then could offer a critical analysis of the structure of the context itself and the influence this has on the individual

making sense of their experience (Smith et al, 2009). How this implicates the practice of psychotherapy with regard to the erotic and what the psychotherapeutic community can do about it could be developed from the research to further advance therapeutic knowledge and practice. The researcher acknowledges how the use of discourse analysis as a method for *this* research, could, in hindsight, have been a more appropriate choice, given the issues that have arisen regarding the erotic as a phenomenon in the collective consciousness of society.

In terms of implications for practice, it is hoped this research will reach out to psychotherapists, in a manner that enables them to identify and locate themselves and their practice within, and from this develop further understanding that allows them not only to think about the erotic, but to challenge the status quo and engage the erotic meaningfully. As Marx (1961:84) stated '*The Philosophers have only interpreted the world, in various ways; the point is to change it.*'

It is possible this research might assist psychotherapists in allowing themselves to be open to the erotic in the room with their clients, in a way that enables a sense of what is 'between' to emerge, and to be explored, in terms that do not seek to explain and concretise, or that assume 'the sexual' must naturally follow, leading to terror and fear, but rather that simply allows it to be, to be touched by, and affected by it. Psychotherapists need to develop the ability to engage in therapeutic relationships in a way that sets free the erotic in the first place, and having done so, allow it the freedom given, without fear leading to a need to re-capture and contain. Psychotherapists need to believe they can put one foot in, without being overwhelmed by the fear of putting their foot *in it*.

5.4 Conclusion:

The erotic has been shown to have a powerful presence in psychotherapy that requires therapists to develop a tolerance for intimacy with clients, while feeling like they can survive this. Therapists need to allow the unknown to

show itself through the erotic, while tolerating the resultant anxiety and fear that the very state of unknowing produces.

An important question this research raises is how training and development can open the door to the erotic for therapists in a way that recognises that you cannot normalise the erotic itself in order to make it safe and neutral. By its very nature, the erotic will always stir and disturb something deeply within us. But development that makes it expected by therapists, to allow for it, to remain open to it, and to tolerate its presence, without seeking to overcome the discomfort and thus avoid, is necessary.

Making the distinction between both sex and the erotic, and thought and action, is of utmost importance to clients if their psychotherapists are to realise that though associated, one does not have to lead to the other. The significance of these distinctions cannot be underestimated in the potential they have for developing therapists' confidence to open the door to the erotic, and through doing so, learning to tolerate the concomitant anxiety it brings. There *is* only so far a therapeutic relationship can go in comparison to a relationship conducted outside of the therapy room, but therapists should be willing/able to go *that* far.

Only through a willingness to tolerate the discomfort from the anxiety provoked, will therapists be able to allow the erotic to be present and influence the therapeutic endeavour undertaken, rather than shut it out and avoid it. Once therapists feel they are able to allow for the erotic in the therapeutic relationship, to have one foot in and survive this, they might be able to stop coming at the therapeutic endeavour from a place of knowing and assuming. If so, they can create the freedom for clients to explore themselves deeply, to discover the undiscovered, know the unknown and move towards being all that they actually are. In allowing freedom for both to truly see, through seeing, clients may get closer to experiencing authentic living. Otherwise, as a participant in this research stated “...it's *just the damn shame, and it's a shame.*” It is a shame.

REFERENCES:

- Adorno, T.W. (1973) *Negative Dialectics* New York: Continuum.
- Adorno, T.W. (1974) *Minima Moralia: Reflections from a Damaged Life* London: NLB.
- Al Rubaie, T. (2006) 'Case Study Revisited'. In: Loewenthal, D., & Winter, D. (eds.) *What is Psychotherapeutic Research?* London: Karnac.
- Allan, K.D. (2009) *Explorations in Classical Sociological Theory: Seeing the World*. 2nd edition. Thousand Oaks: Pine Forge.
- Andrews, M., Squire, C., & Tamboukou, M. (eds.) (2008) *Doing Narrative Research*. London: Sage.
- Asheri, S. (2004) 'Erotic Desire in the Therapy Room: Dare We Embody It? Can We Afford Not To? *UKCP Conference September 2004*. Internet WWW page at URL: <http://www.yobeely.f2s.com/articles/eroticdesire.html> (accessed 24/06/12)
- Aveline, M. (2006) 'Psychotherapy Research: Nature, Quality, and Relationship to Clinical Practice'. In: Loewenthal, D., & Winter, D. (eds.) *What is Psychotherapeutic Research?* London: Karnac.
- Baur, S. (1997) *The Intimate Hour: Love and Sex in Psychotherapy*. New York: Houghton Mifflin.
- Ben-Ari, A., & Somer, E. (2004) 'The Aftermath of Therapist-Client Sex: Exploited Women Struggle with the Consequences.' *Clinical Psychology and Psychotherapy*, 11, pp.126-136.
- Benjamin, J. (1988) *The Bonds of Love: Psychoanalysis, Feminism, and the Problem of Domination*. New York: Pantheon

Binswanger, L. (1956) *Existential Analysis and Psychotherapy*. New York: Grune and Stratton.

Blum, H.P. (1973) 'The Concept of Erotized Transference.' *Journal of American Psychoanalytic Association*, 21, pp.61-76

Bodenheimer, D. (2011) 'An Examination of the Historical and Current Perceptions of Love in the Psychotherapeutic Dyad' *Clinical Social Work Journal*, 39(1), pp.39-49.

Bonasia, E. (2001) 'The Countertransference: Erotic, Erotised and Perverse.' *International Journal of Psychoanalysis*, 82, pp.249-262.

Book, H.E. (1995) 'The "Erotic Transference": Some Technical and Countertransference Difficulties.' *American Journal of Psychotherapy*, 49(4), pp.504-513.

Bravesmith, A. (2008) 'Supervision and Imagination.' *Journal of Analytical Psychology*, 53, pp.101-117.

Brenman Pick, I. (1985) 'Working Through in the Countertransference.' *International Journal of Psychoanalysis*, 66, pp.157-166.

Bridges, N.A. (1994) 'Meaning and Management of Attraction: Neglected Areas of Psychotherapy Training and Practice.' *Journal of Psychotherapy*, 31, pp.424-433.

Bridges, N.A. (1998) 'Teaching Psychiatric Trainees to Respond to Sexual and Loving Feelings: The Supervisory Challenge.' *The Journal of Psychotherapy Practice and Research*, 7, pp.217-226.

Bridges, N.A., & Wohlberg, J.W. (1999) 'Sexual Excitement in Therapeutic Relationships.' *The Clinical Supervisor*, 18(2), pp.123-141

Carr, M. & Robinson, G. (1990) 'Fatal Attraction: The Ethical and Clinical Dilemma of Patient-Therapist Sex.' *Canadian Journal of Psychiatry*, 35(2), pp.122-127.

Cayne, J. & Loewenthal, D. (2007) 'A Case of the Unknown: Some Implications for Relational Research.' In: Loewenthal, D. *Case Studies in Relational Research: Qualitative Research Methods in Counselling and Psychotherapy*. Basingstoke: Palgrave Macmillan.

Celenza, A. (2007) 'Analytic Love and Power: Responsiveness and Responsibility.' *Psychoanalytic Inquiry*, 27(3), pp.287-301.

Celenza, A. (2010) 'The Analyst's Need and Desire' *Psychoanalytic Dialogues*, 20(1), pp.60-69.

Celenza, A. & Gabbard, G.O. (2003) 'Analysts Who Commit Sexual Boundary Violations: A Lost Cause?' *Journal of the American Psychoanalytic Association*, 51, pp.617-636.

Charles, M. (1999) 'The Promise of Love: A View Among Women.' *Psychoanalytic Psychology*, 16, pp.254-273.

CHRE, (2008a) *Learning about sexual boundaries between healthcare professionals and patients: a report on education and training*, Internet WWW page at URL: http://www.chre.org.uk/img/pics/library/0801_Clear_sexual_boundaries_Education.pdf (accessed 06/11/12)

CHRE, (2008b) *Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals*, Internet WWW page at URL: http://www.chre.org.uk/img/pics/library/0801_Clear_Sexual_boundaries_professionals.pdf (accessed 06/11/12)

CHRE, (2008c) *Clear sexual boundaries between healthcare professionals and patients: guidance for fitness to practise panels*, Internet WWW page at URL:

http://www.chre.org.uk/_img/pics/library/0801_Clear_sexual_boundaries_FTP_Panels.pdf (accessed 06/11/12)

Christopher, E. (2011) 'Supervision and Sexuality' *Supervision Review: The Journal of the British Association for Psychoanalytic & Psychodynamic Supervision*, Winter 2011. Internet WWW page at URL: http://www.supervision.org.uk/BAPPS_SReview/SR11_winter.pdf (accessed 24/06/12)

Clarke, A. (2001) 'Research and the Policy-Making Process.' In: Gilbert, N. (ed.) *Researching Social Life*. 2nd edition. London: Sage.

Clegg, J.W., & Slife, B.D. (2005) 'Epistemology and the Hither Side: A Levinasian Account of Relational Knowing.' *European Journal of Psychotherapy and Counselling*, 7(1), pp.65-76.

Coen, S.J. (1994) 'Barriers to Love Between Patient and Analyst.' *Journal of the American Psychoanalytic Association*, 42, pp.1107-1135.

Cohen, M.B. (1952) 'Countertransference and Anxiety.' *Psychiatry*, 15, pp.231-243.

Crotty, M. (1998) *The Foundations of Social Research: Meaning and Perspective in the Research Process*. London: Sage.

Davies, J.M. (1994) 'Love in the Afternoon: A Relational Reconsideration of Desire and Dread in the Countertransference.' *Psychoanalytic Dialogues*, 4, pp.153-170.

Davies, J.M. (1998) 'Between the Disclosure and Foreclosure of Erotic Transference-Countertransference: Can Psychoanalysis Find a Place for Adult Sexuality?' *Psychoanalytic Dialogues*, 8(6), pp.747-766.

Davies, J.M. (2001) 'Erotic Overstimulation and the Co-Construction of Sexual Meanings in Transference-Countertransference Experience.' *Psychoanalytic Quarterly*, 70, pp.757-788.

Davies, J.M. (2003) 'Falling in Love with Love: Oedipal and Postoedipal Manifestations of Idealization, Mourning, and Erotic Masochism.' *Psychoanalytic Dialogues*, 13(1), pp.1-27.

Dimen, M. (1991) 'Deconstructing Difference: Gender, Splitting, and Transitional Space.' *Psychoanalytic Dialogues*, 1, pp.335-352.

Downing, C. (1991) *Myths and Mysteries of Same Sex Love*. New York: Continuum.

Edelwich, J. & Brodsky, A. (1991) *Sexual Dilemmas for the Helping Professional: Revised and Expanded Edition*. New York: Bruner/Mazel.

Elise, D. (2002) 'Blocked Creativity and Inhibited Erotic Transference.' *Studies in Gender and Sexuality*, 3(2), pp.161-195.

Elliott, S., Loewenthal, D., & Greenwood, D. (2007) 'Narrative Research into Erotic Counter-Transference in a Female Therapist-Male Patient Encounter.' *Psychoanalytic Psychotherapy*. 21:3, pp.233-249.

Ellis, M.L. (2006) 'Who Speaks? Who Listens?: Different Voices and Different Sexualities.' In: Schaverien, J. (ed.) *Gender, Countertransference and the Erotic Transference: Perspectives from Analytical Psychology and Psychoanalysis*. London: Routledge.

Felman, S. (1987) *Jacques Lacan and the Adventure of Insight: Psychoanalysis in Contemporary Culture* Cambridge, MA: Harvard University Press.

Ferenczi, S. (1928) 'The Elasticity of Psycho-Analytic Technique.' In: *Final Contributions to the Problems and Methods of Psycho-Analysis* London: Hogarth Press (1955:87-102).

Ferenczi, S. (1933) 'Confusion of the Tongues Between the Adults and the Child – (The Language of Tenderness and of Passion)' *International Journal of Psycho-Analysis* (1949) 30, pp.225-230.

Finlay, L. (2009) 'Debating Phenomenological Research Methods.' *Phenomenology and Practice*, 3(1), pp.6-25.

Fisher, C.D. (2004) 'Ethical Issues in Therapy: Therapist Self-disclosure of Sexual Feelings.' *Ethics and Behaviour*, 14(2), pp.105-121.

Fitzpatrick, K. (1999) 'Terms of Endearment in Clinical Analysis' *Psychoanalytic Quarterly*, 68, pp.119-125.

Foucault, M. (1978) *The History of Sexuality: An Introduction* (Vol.1) New York: Random House.

Foucault, M. (1980) *Power/Knowledge: Selected Interviews and Other Writings* Brighton: The Harvester Press.

Freud, S. (1905) *Three Essays on the Theory of Sexuality* Standard Edition 7

Freud, S. (1910) *The Future Prospects of Psychoanalytic Therapy* Standard Edition 11, London: Hogarth Press.

Freud, S. (1912) *The Dynamics of Transference* Standard Edition 12, London: Hogarth Press.

Freud, S. (1915) *Observations on Transference Love* Standard Edition 12, London: Hogarth Press.

Freud, S. (1930) *Civilization and its Discontents* Standard Edition 21, London: Hogarth Press.

Friedman, M. (ed.) (1991) *The Worlds of Existentialism – A Critical Reader*. Amherst, NY: Prometheus Books.

Friedman, L. (2005) 'Is There a Special Psychoanalytic Love?' *Journal of the American Psychoanalytic Association*, 53(2), p.349-375.

Gabbard, G.O. (1994a) 'Commentary on Papers by Tansey, Hirsch, and Davies.' *Psychoanalytic Dialogues*, 4, pp.203-213.

Gabbard, G.O. (1994b) 'Sexual Excitement and Countertransference Love in the Analyst.' *Journal of the American Psychoanalytic Association*, 42, pp.1083-1106.

Gabbard, G.O. (1994c) 'On Love and Lust in the Erotic Transference' *Journal of the American Psychoanalytic Association*, 42, pp.385-403.

Gabbard, G.O. (1998) 'Commentary on Paper by Jody Messler Davies' *Psychoanalytic Dialogues*, 8(6), pp.781-789.

Gadamer, H. (1989/1960) *Truth and Method*. 2nd edition. New York: Crossroad.

Garza, G. (2007) 'Varieties of Phenomenological Research at the University of Dallas: An Emerging Typology.' *Qualitative Research in Psychology*, 4(4), pp.313-342.

Geertz, C. (1973) *The Interpretation of Cultures*. New York: Basic Books.

Gergen, K.J. (1985) 'The Social Constructionist Movement in Modern Psychology.' *American Psychologist*, 40(3), pp.266-275.

Gergen, K.J. (1999) *An Invitation to Social Construction*. Thousand Oaks, CA: Sage

Giorgi, A. (1994) 'A Phenomenological Perspective on Certain Qualitative Research Methods.' *Journal of Phenomenological Psychology*, 25(2), pp.190-220.

Giorgi, A. (2010) 'Phenomenology and the Practice of Science.' *Existential Analysis*, 21(1), pp.3-22.

Giovazolias, T., & Davis, P. (2001) 'How Common is Sexual Attraction Towards Clients? The Experiences of Sexual Attraction of Counselling Psychologists Toward Their Clients and its Impact on the Therapeutic Process.' *Counselling Psychology Quarterly*, 14(4), pp.281-286.

Glaser, B.G. (1978) *Theoretical Sensitivity: Advances in the Methodology of Grounded Theory*. Mill Valley, CA: Sociology Press.

Glaser, B.G. (2001) *The Grounded Theory Perspective: Conceptualisation Contrasted with Description*. Mill Valley, CA: Sociology Press.

Glaser, B.G., & Strauss, A.L. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine.

Halter, M., Brown, H., & Stone, J. (2007) *Sexual Boundary Violations by Health Professionals – an overview of the published empirical literature*. London: CHRE

Hamilton, J.C., & Spruill, J. (1999) 'Identifying and Reducing Risk Factors Related to Trainee-Client Sexual Misconduct' *Professional Psychology: Research and Practice*, 30(3), pp.318-327.

Haule, J.R. (1996) *The Love Cure: Therapy Erotic and Sexual*. Woodstock: Spring.

Heaton, J. (1989) 'How Can We Discuss the Erotic? Plato and Freud Compared.' In: Cooper, R & Others *Thresholds Between Philosophy and Psychoanalysis: Papers from the Philadelphia Association*. London: Free Association Books.

Heaton, J. (1994) 'What is Existential Analysis?' *Journal of the Society for Existential Analysis*. London: Society for Existential Analysis.

Heaton, J. (2001) 'Evidence and Psychotherapy.' *European Journal of Psychotherapy, Counselling and Health*, 4(2), pp.237-248.

Hedges, L.E. (2011) *Sex in Psychotherapy: Sexuality, Passion, Love and Desire in the Therapeutic Encounter*. New York: Routledge.

Heidegger, M. (1962/1927) *Being and Time*. Oxford: Blackwell.

Heimann, P. (1950) 'On Counter-Transference.' *International Journal of Psycho-Analysis*, 31, pp.81-84.

Henwood, K., & Pidgeon, M. (1995) 'Remaking the Link: Qualitative Research and Feminist Standpoint Theory.' *Feminism and Psychology*, 5, pp.7-30.

Heywood, E. & Loewenthal, D. (2007) 'A Case of 'Empirical Phenomenological Research': Evaluating the Process and Outcome of Existential/Analytic Counselling/Psychotherapy in an Oncology Setting.' In: Loewenthal, D. *Case Studies in Relational Research: Qualitative Research Methods in Counselling and Psychotherapy*. Basingstoke: Palgrave Macmillan.

Hirsch, I. (1993) 'Countertransference Enactments and Some Issues Related to External Factors in the Analyst's Life.' *Psychoanalytic Dialogues*, 3, pp.343-366.

Hirsch, I. (1994) 'Countertransference Love and Theoretical Model.' *Psychoanalytic Dialogues*, 4, pp.171-192.

Hollway, W., & Jefferson, T. (2000) *Doing Qualitative Research Differently: Free Association, Narrative and the Interview Method*. London: Sage.

Horkeimer, M., & Adorno, T.W. (1972) *Dialectic of Enlightenment* New York: Continuum.

Housman, L.M., & Stake, J.E. (1999) 'The Current State of Sexual Ethics Training in Clinical Psychology: Issues of Quality, Quantity and Effectiveness.' *Professional Psychology: Research and Practice*, 30(3), pp.302-311.

Husserl, E. (1927) 'Phenomenology.' For *Encyclopaedia Britannica* (R. Palmer, Trans. and revised) Internet www page at URL: <http://www.hfu.edu.tw/~huangkm/phenom/husserl-britannica.htm>

Jones, E. (1961) *The Life and Work of Sigmund Freud*. Edited and abridged by Trilling, L., & Marcus, S. New York: Basic Books.

Jorstad, J. (2002) 'Erotic Countertransference: Hazards, Challenges and Therapeutic Potentials.' *Scandinavian Psychoanalytic Review*, 25, pp.117-134.

Kastrinidis, P. (2008) 'Eros and Abstinence in Psychotherapy.' *The Humanistic Psychologist*, 36(3), pp.316-335.

Kearns, A. (2011) *The Mirror Crack'd: When Good Enough Therapy Goes Wrong and Other Cautionary Tales for Humanistic Practitioners*. Revised edition, London: Karnac.

Kearney, R (1991) 'Ricouer' In: Urmson, J.O., & Rée, J (eds.) revised edition *The Concise Encyclopedia of Western Philosophy and Philosophers*. London: Routledge.

Kernberg, O.F. (1994) 'Love in the Analytic Setting.' *Journal of the American Psychoanalytic Association*, 42, pp.1137-1157.

Kierkegaard, S. (1941) *Concluding Unscientific Postscript* Princeton, NJ: Princeton University Press.

Knoblauch, S. (1996) 'The Play and Interplay of Passionate Experience: Multiple Organisations of Desire.' *Gender and Psychoanalysis*, 1, pp.323-345.

Kumin, I. (1985) 'Erotic Horror: Desire and Resistance in the Psychoanalytic Situation.' *International Journal of Psycho-Analysis*, 11, pp.3-20.

Kvale, S. (1996) *Interviews: An Introduction to Qualitative Research Interviewing*. Thousand Oaks, CA: Sage

Lacan, J. (1977) *The Four Fundamental Concepts of Psychoanalysis* Harmondsworth: Penguin.

Ladany, N., O'Brien, K.M., Hill, C.E., Melincoff, D.S., Knox, S., & Petersen, D.A. (1997) 'Sexual Attraction Toward Clients, Use of Supervision, and Prior Training: A Qualitative Study of Predoctoral Psychology Interns.' *Journal of Counselling Psychology*, 44(4), pp.413-424.

Langdrige, D. (2008), 'Phenomenology and Critical Social Psychology: Directions and Debates in Theory and Research.' *Social and Personality Psychology Compass*, 2(3), pp.1126–1142.

Larkin, M., Watts, S., & Clifton, E. (2006) 'Giving Voice and Making Sense in Interpretative Phenomenological Analysis.' *Qualitative Research in Psychology*, 3, pp.102-120.

Lemke, J. L. (1994) 'Semiotics and the Deconstruction of Conceptual Learning.' *The Journal of the Society for Accelerative Learning and Teaching*, 19(1), pp.67-110.

Levinas, E. (1969) *Totality and Infinity* Trans. A.Lingis. Pittsburgh: Duquesne University Press.

Levinas, E. (1989) 'Ethics as First Philosophy.' In: Hand, S. (ed.) *The Levinas Reader* Oxford: Blackwell

Levine, H.B. (2010) 'Sexual Boundary Violations: A Psychoanalytic Perspective.' *British Journal of Psychotherapy*, 26(1), pp.50-63.

Lieberman, K. (1997) 'Meaning Reflexivity: Gendlin's Contribution to Ethnomethodology. Eugene Gendlin: A Reply.' In: Levin, D.M. (ed.) *Language Beyond Postmodernism: Saying and Thinking in Gendlin's Philosophy* Evanston, IL: Northwestern University Press.

Loewenthal, D. (2006) 'Questioning Psychotherapeutic "Evidence" (and Research).' In: Loewenthal, D., & Winter, D. (eds.) *What is Psychotherapeutic Research?* London: Karnac.

Loewenthal, D. (2007) 'Relational Research, Ideology and the Evolution of Intersubjectivity in a Post-Existential Culture.' In: Loewenthal, D. *Case Studies in Relational Research: Qualitative Research Methods in Counselling and Psychotherapy*. Basingstoke: Palgrave Macmillan.

Loewenthal, D. & Snell, R. (2003) *Post-modernism for Psychotherapists: A Critical Reader*. East Sussex: Brunner-Routledge.

Luca, M. (2004) 'Boundary Issues in Psychotherapy.' In: Luca, M (ed.) *The Therapeutic Frame in the Clinical Context: Integrative Perspectives*. Hove: Brunner-Routledge.

McGuire, W. (ed.) (1974) *The Freud/Jung Letters*. Princeton, NJ: Princeton University Press.

McLeod, J. (2001) *Qualitative Research in Counselling and Psychotherapy*. London: Sage.

McLeod, J. (2003) *Doing Counselling Research*. 2nd edition. London: Sage.

McNulty, N., Ogden, J., & Warren, F. (2011) 'Neutralizing the Patient': Therapists' Accounts of Sexual Boundary Violations.' *Clinical Psychology and Psychotherapy* doi: 10.1002/cpp.799 Internet WWW page at URL: <http://onlinelibrary.wiley.com/doi/10.1002/cpp.799/pdf> (accessed 06/11/12)

Mann, D. (1994) 'The Psychotherapist's Erotic Subjectivity.' *British Journal of Psychotherapy*, 10(3), pp.344-354.

Mann, D. (1997) *Psychotherapy an Erotic Relationship: Transference and Countertransference Passions*. Hove: Routledge.

Mann, D. (1999) 'Erotic Narratives in Psychoanalytic Practice.' In: Mann, D (ed.), *Erotic Transference and Countertransference: Clinical Practice in Psychotherapy*. Hove: Routledge, pp.1-25.

Margolis, M. (1994) 'Incest, Erotic Countertransference, and Analyst-Analysand Boundary Violations.' *Journal of the American Psychoanalytic Association*, 42, pp.985-989.

Martin, C., Godfrey, M., Meekums, B., & Madill, A. (2010) 'Staying on the Straight and Narrow' *Therapy Today*, 21(5), pp.11-14.

Martin, C., Godfrey, M., Meekums, B., & Madill, A. (2011) 'Managing Boundaries Under Pressure: A Qualitative Study of Therapists' Experiences of Sexual Attraction in Therapy.' *Counselling and Psychotherapy Research*, 11(4), pp.248-256.

Marton, F. (1986) 'Phenomenography: A Research Approach to Investigating Different Understandings of Reality.' *Journal of Thought*. 21(3), pp.28-49.

Marx, K. (1961) *Selected Writings in Sociology and Social Philosophy*. 2nd edition. Bottomore, T.B., & Rubel, M. (eds.) Harmondsworth: Penguin.

May, R. (1986) 'Love in the Counter-Transference: The Uses of the Therapist's Excitement.' *Psychoanalytic Psychotherapy*, 2, pp.167-181.

Merleau-Ponty, M. (1962) *Phenomenology of Perception*. London: Routledge.

Merleau-Ponty, M (1968) *The Invisible and the Visible*. Evanston, IL: Northwestern University Press.

Mills, J. (2005) 'A Critique of Relational Psychoanalysis.' *Psychoanalytic Psychology*, 22(2), pp.155-188.

Milton, M. (2006) 'Evidence-Based Practice: Issues for Psychotherapy.' In: Loewenthal, D., & Winter, D. (eds.) *What is Psychotherapeutic Research?* London: Karnac.

Mishler, E.G. (1986) *Research Interviewing: Context and Narrative*. Cambridge, MA: Harvard University Press.

Mitchell, M.T. (2006) *Michael Polanyi*. Wilmington, DE: ISI Books.

Mor, B.M. (2005) 'The Space Between Love and Not Touching in Psychotherapy.' *American Journal of Psychotherapy*, 59(1), pp.42-60.

Moran, D. (2000) *Introduction to Phenomenology*. London: Routledge.

Morrow-Bradley, C., & Elliott, R. (1986) 'Utilisation of Psychotherapy Research by Practicing Psychotherapists.' *American Psychologist*, 41(2), pp.188-197.

Moustakas, C. (1990) *Heuristic Research: Design, Methodology and Applications*. Newbury Park, CA: Sage.

Norcross, J. (2002) *Psychotherapy Relationships That Work: Therapist Contributions and Responsiveness to Patients*. New York: Oxford.

Ogden, T.H. (1989) *The Primitive Edge of Experience*. Northvale, NJ: Aronson.

Ortega y Gasset, J. (1958) *Man and Crisis*. New York: Norton.

Paxton, C., Lovett, J., & Riggs, M.L. (2001) 'The Nature of Professional Training and Perceptions of Adequacy in Dealing with Sexual Feelings in Psychotherapy: Experiences of Clinical Faculty.' *Ethics and Behaviour*, 11(2), pp.175-189.

Person, E.S. (1985) 'The Erotic Transference in Women and in Men: Differences and Consequences.' *Journal of American Academy of Psychoanalysis*, 13, pp.159-180.

Plato (1998) *Cratylus* (trans. Reeve, C. D. C.) Indianapolis: Hackett.

Plato (1999) *The Symposium* (trans. Gill, C.) London: Penguin.

Plaut, S.M. (1997) 'Boundary Violations in Professional-Client Relationships: Overview and Guidelines for Prevention.' *Sexual and Relationship Therapy*, 12(1), pp.77-94.

Polanyi, M. (1958a) *Personal Knowledge: Toward a Post-Critical Philosophy*. Chicago: The University of Chicago Press.

Polanyi, M. (1958b) *The Study of Man*. Chicago: The University of Chicago Press.

Polanyi, M (1961) 'Faith and Reason' *Journal of Religion*, 41(4), pp.237-247.

Polanyi, M. (1964) *Science, Faith and Society*. Chicago: The University of Chicago Press.

Polanyi, M. (1966) *The Tacit Dimension*. Chicago: The University of Chicago Press.

Polanyi, M. (1969) *Knowing and Being: Essays by Michael Polanyi*. Greene, M. (ed.) Chicago: The University of Chicago Press.

Polanyi, M., & Prosch, H. (1975) *Meaning*. Chicago: The University of Chicago Press.

Pope, K.S. (1987) 'Preventing Therapist-Patient Sexual Intimacy: Therapy for a Therapist at Risk.' *Professional Psychology: Research and Practice*, 18(6), pp.624-628.

Pope, K.S. (1991) 'Dual Relationships in Psychotherapy.' *Ethics and Behaviour*, 1, pp.21-31.

Pope, K.S., Keith-Spiegel, P., & Tabachnick, B.G. (1986) 'Sexual Attraction to Clients: The Human Therapist and the (Sometimes) Inhuman Training System.' *American Psychologist*, 41(2), pp.147-158.

Pope, K.S., Sonne, J.L., & Holroyd, J. (1993) *Sexual Feelings in Psychotherapy: Explorations for Therapists and Therapists-in-Training* Washington, DC: American Psychological Association.

Pope, K.S. & Tabachnick, G. (1993) 'Therapists' Anger, Hate, Fear, and Sexual Feelings: National Survey of Therapist Responses, Client Characteristics, Critical Events, Formal Complaints, and Training.' *Professional Psychology: Research and Review*, 24(2), pp.142-152.

Riessman, C.K. (2008) *Narrative Methods for the Human Sciences*. Thousand Oaks, CA: Sage.

Rodgers, N.M. (2011) 'Intimate Boundaries: Therapists' Perception and Experience of Erotic Transference within the Therapeutic Relationship' *Counselling and Psychotherapy Research: Linking Research with Practice*, 11(4), pp.266-274.

Rodolfa, E., Hall, T., Holms, V., Davena, A., Komatz, D., Antunez, M., & Hall, A. (1994) 'The Management of Sexual Feelings in Therapy.' *Professional Psychology: Research and Practice*, 25(2), pp.168-172.

Rose, D., & Loewenthal, D. (2006) 'Heuristic Research.' In: Loewenthal, D., & Winter, D. (eds.) *What is Psychotherapeutic Research?* London: Karnac.

Rosiello, F. (2001) 'The Analyst's Erotic Subjectivity.' *Journal of Gay and Lesbian Psychotherapy*, 4(2), pp.71-80.

Rouholamin, C. (2007) 'The 'Frame' as a Container for the Erotic Transference – A Case Study.' *Psychodynamic Practice*, 13(2), pp.167-182.

Rycroft, C. (1995) *Critical Dictionary of Psychoanalysis* 2nd edition. London: Penguin.

Rycroft, C. (1995) *Critical Dictionary of Psychoanalysis*. London: Penguin.

Sartre, J.P. (1956/1943) *Being and Nothingness*. New York: Washington Square Press.

Sarup, M. (1993) *An Introductory Guide to Post-Structuralism and Postmodernism*. 2nd edition Harlow: Pearson Education.

Schaverien, J. (2006a) 'Introduction.' In: Schaverien, J. (ed.) *Gender, Countertransference and the Erotic Transference: Perspectives from Analytical Psychology and Psychoanalysis*. London: Routledge.

Schaverien, J. (2006b) 'Men Who Leave Too Soon: Reflections on the Erotic Transference and Countertransference.' In: Schaverien, J. (ed.) *Gender, Countertransference and the Erotic Transference: Perspectives from Analytical Psychology and Psychoanalysis*. London: Routledge.

Schaverien, J. (2006c) 'Supervising the Erotic Transference and Countertransference.' In: Schaverien, J. (ed.) *Gender, Countertransference and the Erotic Transference: Perspectives from Analytical Psychology and Psychoanalysis*. London: Routledge.

Scheurich, J. J. (1995) 'A Postmodernist Critique of Research Interviewing.' *International Journal of Qualitative Studies in Education*, 8(3), pp.239-252.

Schleiermacher, F. (1998) *Hermeneutics and Criticism and Other Writings*. (A. Bowie, Trans.) Cambridge: Cambridge University Press.

Searles, H.F. (1959) 'Oedipal Love in the Counter Transference.' *International Journal of Psycho-Analysis*, 40, pp.180-190.

Shaw, D. (2003) 'On the Therapeutic Action of Analytic Love.' *Contemporary Psychoanalysis*, 39, pp.251-278.

Sherman, E. (2002) 'Homoerotic Countertransference: The Love That Dare Not Speak Its Name?' *Psychoanalytic Dialogues*, 12, pp.649-666.

Silverman, D. (2010) *Doing Qualitative Research*. 3rd edition London: Sage.

Simon, R.I. (1989) 'Sexual Exploitation of Patients: How it Begins Before it Happens.' *Psychiatric Annals*, 19, pp.104-112.

Slavin, J.H., Rahmani, M., & Pollack, L. (1998) 'Reality and Danger in Psychoanalytic Treatment.' *Psychoanalytic Quarterly*, 67, pp.191-217.

Smith, J.A. (1996) 'Beyond the Divide Between Cognition and Discourse: Using Interpretative Phenomenological Analysis in Health Psychology.' *Psychology & Health*, 11, pp.261-271.

Smith, J.A. (2010) 'Interpretative Phenomenological Analysis: A Reply to Amedeo Giorgi.' *Existential Analysis*, 21(2), pp.186-192.

Smith, J.A., Flowers, P., & Larkin, M. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.

Spivak, G.C. (1988) *In Other Worlds: Essays in Cultural Politics* New York: Routledge.

Springer, A. (2006) 'Paying Homage to the Power of Love: Exceeding the Bounds of Professional Practice.' In: Schaverien, J. (ed.) *Gender, Countertransference and the Erotic Transference: Perspectives from Analytical Psychology and Psychoanalysis*. London: Routledge.

Squire, C., Andrews, M., & Tamboukou, M. (2008) 'What is Narrative Research?' In: Andrews, M., Squire, C., & Tamboukou, M. (eds.) *Doing Narrative Research*. London: Sage.

Stake, J. & Oliver, J. (1991) 'Sexual Contact and Touching Between Therapists and Clients: A Survey of Psychologists' Attitudes and Behaviour.' *Professional Psychology: Research and Practice*, 22, pp.297-307

Stirzaker, A. (2000) 'The Taboo Which Silences: Is Erotic Transference a Help or a Hindrance in the Counselling Relationship?' *Psychodynamic Counselling*, 6(2), pp.197-213.

Strasburger, L.H., Jorgenson, J.D., & Sutherland, P. (1992) 'The Prevention of Psychotherapist Sexual Misconduct: Avoiding the Slippery Slope.' *American Journal of Psychotherapy*, 46(4), pp.546-555.

Strauss, A.L., & Corbin, J. (1990) *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. London: Sage.

Sword, W. (1999) 'Pearls, Pith and Provocation. Accounting for Presence of Self: Reflections on Doing Qualitative Research.' *Qualitative Health Research*, 9(2), pp.270-278.

Tansey, M.J. (1994) 'Sexual Attraction and Phobic Dread in the Countertransference.' *Psychoanalytic Dialogues*, 4, pp.139-152.

Thomas, R. & Loewenthal, D. (2007) 'A Case of 'Empirical Phenomenological Research': What the Experience of Counselling/Psychotherapy is when the Client Understands They Have a Learning Difficulty.' In: Loewenthal, D. *Case Studies in Relational Research: Qualitative Research Methods in Counselling and Psychotherapy*. Basingstoke: Palgrave Macmillan.

Tower, L.E. (1956) 'Countertransference.' *Journal of the American Psychoanalytic Association*, 4, pp.224-255.

Twemlow, S. W. & Gabbard, G.O. (1989) 'The Lovesick Therapist.' In: Gabbard, G.O. (ed.) *Sexual Exploitation in Professional Relationships* Washington, DC: American Psychiatric Press.

UKCP (no date) *UK Council for Psychotherapy: Code of Ethics*, Internet WWW page at URL: http://www.psychotherapy.org.uk/c2/uploads/copy%20of%20copy%20of%2014402_codeethics_lflt.pdf (accessed 04/08/12)

UKCP (no date) *About Psychotherapy*, Internet WWW page at URL: <http://www.psychotherapy.org.uk/article140.html> (accessed 04/08/12)

UKCP (2012) *UKCP Standards of Education and Training (2012): The Minimum Core Criteria, Psychotherapy with Adults*, Internet WWW page at URL: <http://www.psychotherapy.org.uk/hres/ukcp%20sets.pdf> (accessed 04/08/12)

Ulanov, A.B. (2009) 'Countertransference and the Erotic.' *Journal of Religion and Health*, 48, pp.90-96.

Van Maanen, J. (1983) *Qualitative Methodology*. London: Sage.

Van Manen, M. (2007) 'Phenomenology of Practice.' *Phenomenology and Practice*, 1(1), pp.11-30.

Weigart, E. (1952) 'Contribution to the Problem of Termination of Psychoanalysis.' *Psychoanalytic Quarterly*, 21, pp.465-480.

Weigart, E. (1954) 'Counter-Transference and Self-Analysis of the Psycho-Analyst.' *International Journal of Psycho-Analysis*, 35, pp.242-246.

Weinstein, R. (1988) 'Should Analysts Love Their Patients? The Resolution of Transference Resistance Through Countertransferential Explorations.' In: J. Lasky & H. Silverman (eds.) *Love: Psychoanalytic Perspectives*. New York: University Press.

Willig, C. (2008) *Introducing Qualitative Research in Psychology: Adventures in Theory and Method*. Buckingham: Open University Press.

Winnicott, D.W. (1971) *Playing and Reality* London: Routledge.

Winnicott, D.W. (1986) *Home is Where We Start From* Harmondsworth: Penguin.

Winnicott, D.W. (1990) *The Maturation Process and the Facilitating Environment* London: Karnac.

Wittgenstein, L. (1953) *Philosophical Investigations* (G.E.M. Anscombe, Trans.) Chichester: Blackwell.

Wolf, E. (1992) 'On Being a Scientist or a Healer: Reflections on Abstinence, Neutrality, and Gratification.' *The Annual of Psychoanalysis*, 20, pp.115-144.

Yalom, I.D. (1980) *Existential Psychotherapy*. New York: Basic Books.

Young, R. M. 1990 *The Analytic Space: Countertransference and Evocative Knowledge*. Internet WWW page at URL: <http://www.human-nature.com/rmyoung/papers/paper2h.html> (accessed 23.01.10)

APPENDICES

Appendices contents:

- Appendix A: Study One: Ethics application, Risk assessment, Invitation to participate, Briefing document, Consent form, Debriefing document
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APPENDIX A:

Study One: Ethics application, Risk assessment, Invitation to participate, Briefing document, Consent form, Debriefing document

ETHICS

APPLICATION FORM

Please read the Notes for Applicants before completing this form

The form should be word processed using black size 12 font.

PLEASE TICK THE RELEVANT BOX

MEMBER OF STAFF	<input type="checkbox"/>	RESEARCH STUDENT*	<input type="checkbox"/>
		(MPhil, PhD, EdD, PsychD)	
EXTERNAL INVESTIGATOR	<input type="checkbox"/>	STUDENT (Other)**	<input checked="" type="checkbox"/>

*If you are a transfer student please see Section 2.2. of the Guidelines before completing this form.

**If you are on a taught course you do not need to complete this form unless your project is worth more than 50% of your total credits or you have been asked to do so by your tutor or School Ethics Committee

SECTION 1: PERSONAL DETAILS

Please complete the header with your name and School

Name (lead):	
Otherinvestigators:	
Correspondenceaddress:	
Telephoneno:	
Email:(all correspondence will be sent by email unless otherwise requested)	
FOR STUDENTS ONLY:	
Programme of study:	MSc in Counselling & Psychotherapy
Mode of study (full-time/part-time)	Part-time
Director of Studies: (If you are on a taught course please give the name of your tutor)	
FOR EXTERNAL INVESTIGATORS ONLY (please see Section 4.5 of the Ethical Guidelines):	
Name of Academic Assessor:	

SECTION 2: PROJECT DETAILS

Title of project:	Exploring therapists' experience of working with the erotic as it emerges within the therapeutic relationship.
Proposed start date: <i>(Please note it can take several months to get approval. The Board will not approve a retrospective start date)</i>	ASAP
Duration:	For submission in March 2010
Source of funds:	Self-funded
Purpose of the proposed investigation : This section should include the material which outlines the rationale for the project, i.e. why this study needs to be done. This should be done in a way that is both accessible and scholarly, i.e. have proper cited sources.	

Interest in this subject originally stemmed from personal understanding and beliefs about the nature of sexuality and also from Freud's (1905) claim that we are all 'polymorphous and perverse'.

In a society that seeks to know, to identify and classify with neat labels, the researcher wonders what aspects of individuals become contained, restricted and suppressed, by pressure to conform to societal norms? How does labelling someone heterosexual or homosexual fence them in?

The psychotherapeutic process is often thought of in terms of creating a space between therapist and client that allows things to emerge, a space that enables the client to explore and discover. In this sense it would seem the ideal environment for clients to explore their sexuality, but how reliant is this upon the attitude of the therapist? How do therapists, depending upon their own background, either facilitate or prevent this exploration?

Attempts to develop the research question led to thinking about the subject in a broader sense and eventually in terms of 'the Erotic'. Sexuality as a term seemed too narrow, focussing thinking upon gender choice for sexual activity. 'Erotic' however, is felt by the author to encapsulate far more than just sex itself, including passion, desire, fantasy and love for example. Bataille (1957) wrote: 'Man goes constantly in fear of himself. His erotic urges terrify him'. How then is the erotic material that may arise within the therapeutic relationship, both from the client and the therapist, acknowledged and worked with (or not).

Freud (1915) recognised the importance of erotic feelings within therapy and encouraged analysts to work with this as valuable material, rather than suppress it. Blum (1973) along with other therapists (Searles 1959; Saul 1962; Hirsch & Kessel 1988; Mann 1994) all believe erotic material to be a fundamental part of therapy, occurring to varying degrees in many therapeutic encounters and likely to be a re-enactment of early, close and important relationships.

The literature review conducted to date suggests working with erotic material has been considered in the main by psychoanalysts and much less by other orientations. Though various search terms have been used i.e. intimacy, affection, desire, and love, very little research has been found outside of the psychoanalytic field. Could it be that the term 'erotic' or the whole subject itself is too taboo for other orientations to consider? It is hoped this research will provide an opportunity to allow for something of the experience of therapists to emerge that highlights attitudes to erotic material and what can aid or hinder working with it in the therapeutic relationship. It is believed this may indicate a need for further research into how therapists can be better equipped for facilitating their clients in this area.

References:

Bataille (1957) *Eroticism* London: Marion Boyars 2006

Blum, P. (1973) The Concept of Erotized Transference, *Journal of the American Psychoanalytic Association* 21: 61-76

Freud, S. (1905) *Three Essays on the Theory of Sexuality* Standard Edition 7

Freud, S. (1915) *Observations on Transference Love* Standard Edition 12

Hirsch, I., & Kessel, P. (1988) *Reflections on Mature Love and Countertransference* Free Associations, 12: 60-83

Mann, D. (1994) The Psychotherapist's Erotic Subjectivity, *British Journal of Psychotherapy* 10(3): 344-54

Saul, L.J. (1962) The Erotic Countertransference *Psychoanalytic Quarterly* 31: 54-61

Searles, H. (1959) *Oedipal Love in the Countertransference: Collected Papers on Schizophrenia and Related Subjects*, London: Hogarth Press 1965

Outline of project:

This section should include the details of methodology i.e. what will be done and how. Please also identify ethical issues raised by the project.

Method:

A qualitative research approach will be used to conduct this project and at this stage a review of the possible methods has led to Narrative Research being selected as the method that 'speaks' to the researcher most. This is because he is interested in exploring therapists' experience by way of them telling 'their stories' relevant to the inquiry theme. McLeod (2001) states: 'the key idea in narrative research is that people largely make sense of their experience, and communicate their experience to others in the form of stories.'

One-to-one semi structured interviews will be conducted and recorded onto an audio device. Participants will initially be asked to talk about their experience of working with the erotic as it emerges within the therapeutic relationship. If necessary, additional questions could be used to prompt further response. Interviews will be conducted at a time and place agreed as mutually convenient for both researcher and participant.

Participants:

Will be qualified psychotherapists / counsellors registered either with BACP or UKCP.

Orientation will not matter, though it is hoped a mix will be obtained.

Length of experience since qualification will not matter, though it is hoped a mix will be obtained.

Gender will not matter, though it is hoped a mix will be obtained.

Recruitment will be attempted through either email or post from details obtained via the BACP or UKCP registers.

Potential participants will be sent a copy of the attached briefing document in order to provide them with information about the research project.

Therapists will be selected from the registers based upon their addresses in order to minimise time and cost involved in travelling to and from the interviews for the researcher.

No incentive will be offered for participating in this research.

Participation will be on a purely voluntary basis.

Respondents will be able to withdraw from the research at any stage up to the end of December 2009, after which it is felt withdrawal would compromise the research project.

6-10 participants will be recruited for this study.

Timeline:

Summer: Development of question, literature review, consideration of method.

September: Submission for ethical approval.

October: Initiate recruitment of participants and arrange interviews.

November: Conduct and transcribe interviews.

December: Analyse data.

January /

February : Write up dissertation in chapters and review with group.

March: Complete and submit dissertation.

Ethical issues:

- Due consideration will be given to UKCP ethical guidelines in order to ensure these are followed and complied with throughout the research process.
- It is important that every effort is made to ensure confidentiality and protect the anonymity of research participants. Any details that could identify therapists or their clients will be removed and in addition pseudonyms will be used. Research data will be kept securely and destroyed after six years, as per Roehampton University regulations.
- Encouraging participants to think and speak of their experiences could prove unsettling for them. The researcher will offer time after the interviews for participants to discuss anything that has arisen for them and also provide information advising how they may seek additional support if necessary through therapists on the BACP or UKCP registers

References:

McLeod, J. (2001) *Qualitative Research in Counselling and Psychotherapy* London: Sage

SECTION 3: USE OF PARTICIPANTS

- You should download the Participant Consent Form Template and amend it if necessary
- You should also attach any other information to be given to participants
- You should consider carefully what information you provide to participants, e.g. scope of study, number of participants, duration of study, risks/benefits of the project
- If images or anything else which might allow the identification of participants is to be publicly accessible (e.g. on the web), further written consent must be secured

Give details of the method of recruitment, and potential benefits to participants if any (include any financial benefits where appropriate):

Recruitment will be attempted through a brief synopsis of the research study, sent either by email or post from details obtained via the BACP or UKCP registers.

Therapists will be selected from the registers based upon their addresses in order to minimise time and cost involved in travelling to and from the interviews for the researcher. There is no preference for gender, modality or experience though it is hoped a mix might be obtained.

Following initially expressed interest, the briefing letter and consent form will be sent asking for formal confirmation that they are willing to participate. If respondents do not want to participate, they will be asked if they are able to provide referral to others who they believe may be interested.

It is the researcher's intention to progressively advertise this research in order to avoid over recruitment. Should more therapists respond than required, those not selected will be contacted, thanked for the interest they have shown, advised of the response level and that selection of participants has therefore been made based upon achieving a diverse mix.

Participation will be on a purely voluntary basis.

Respondents will be able to withdraw from the research at any stage up to the end of December 2009, after which it is felt withdrawal would compromise the research project. No incentive will be offered for participating in this research.

Will you be using participants who are aged under 18?

~~YES~~

NO

If you have answered Yes please refer to section 4.11 of the Ethical Guidelines and highlight the particular issues raised by working with these participants and how these issues have been addressed.

SECTION 4: HEALTH AND SAFETY

- **You must download and complete the Risk Assessment Form and attach this to your application.**
- You should be able to demonstrate that appropriate mechanisms are in place for the research to be carried out safely
- If necessary the University's Health, Safety & Environment Manager should be consulted before the application is submitted

Will any of your project take place outside the UK?

~~YES~~

NO

If you have answered yes please list the countries below and refer to Section 4.2 of the Ethical Guidelines:

☐☐

Is this a clinical trial or a project which may involve abnormal risk to participants?

~~YES~~

NO

If you have answered Yes please refer to Sections 3.5 and 4.2 of the Ethical Guidelines

SECTION 5: PUBLICATION OF RESULTS

How will you disseminate your findings? (e.g. publication)

Through submission of a university dissertation and possible future publication.

How will you ensure the anonymity of your participants?

(If your participants do not wish to remain anonymous you must obtain their written consent.)

Every effort will be made to minimise anything in the document that could lead to identification and to maintain anonymity. Participants will be given pseudonyms when referred to in the study in order to further ensure their anonymity.

Interviews will be conducted in a confidential environment and transcribed by the researcher personally.

SECTION 6: STORAGE OF DATA

Section 2.7 of *Roehampton University Code of Good Research Practice* states the following 'research data must normally be retained intact for a period of at least six years from the date of any publication which is based upon it. Researchers should be aware that specific professional bodies and research councils may require a longer period of data retention.'

Describe how and where the following data will be stored and how they will be kept secure:

Raw and processed data

Will be retained intact and kept in a locked box at the researcher's home address for the required six year period as dictated by Roehampton University regulations.

Documents containing personal details of any participants

Will be destroyed as soon as they are no longer required to undertake the research project.

SECTION 7: EXTERNAL GUIDELINES, APPROVAL & FUNDING

Are there any relevant subject-specific ethical guidelines (e.g. from a professional society)?

UKCP

If so how will these inform your research process?

Due consideration will be given to UKCP guidelines in order to ensure these are followed and complied with throughout the research process.

Has/will the project be submitted for approval to the ethical committee of any other organisation, e.g. NHS ethics approval? (Please see Section 4.3, Ethical Guidelines)

NO.

What is the outcome of this?

Is your project externally funded?

~~Yes~~ **No**

If you have answered yes you must complete a P1 form and submit this to the Bids & Grants Team, RBDO before you complete your ethics application.

Has your P1 form been approved?

Yes No ☐

Please state the name of the funding organisation/company below and provide any other relevant information:

SECTION 8: APPLICANT'S SIGNATURE	
Applicant's signature:	
Date:	
FOR STUDENTS ONLY: DIRECTOR OF STUDIES SIGNATURE (Where there is not a Director of Studies this should be completed by the academic supervisor)	
<i>I confirm that I have read and support this Ethics Application</i>	
Signature:	
Print name:	
Date:	

Make sure the following are submitted with your Ethics Application (please do not use staples):

- Participant Consent Form
- Risk Assessment Form
- Any other information
(e.g. contract, advertising material, questionnaires, debriefing letters)

A hard copy and an electronic copy of this form should now be sent to the Secretary of your School Ethics Committee. Contacts details can be found on the Ethics website

<http://www.roehampton.ac.uk/research-and-business-development/services-for-research-and-enterprise-staff/university-procedures-and-committees/ethics/contact-us/index.html>

PLEASE NOTE: YOU MUST NOT BEGIN YOUR PROJECT UNTIL YOUR ETHICS APPLICATION HAS BEEN APPROVED BY BOTH THE SCHOOL ETHICS COMMITTEE AND THE ETHICS BOARD

Title: Exploring psychotherapists' experience of working with the erotic as it emerges within the therapeutic relationship.									
Risk Assessment No:1	Event / Activity: Research Interviews				Date Assessed:31.10.09		Assessor's Name: Darren McClounan		
					Review Date:		Assessor's Signature:		
Hazard	To Whom	Uncontrolled Risk			Control Risk by	Residual Risk			Further Action Needed
		Severity x Likelihood = Risk Rating				Severity x Likelihood = Risk Rating			
		S	L	R		S	L	R	
Equipment used for tape recording - leads or wires a potential trip hazard	Participant and Researcher	2	1	1	1 Ensure no leads or wires as potential trip hazard	0	0	0	1 None
Emotional distress of participant	Participant	2	1	2	2 Ensure appropriate support (access to counselling or psychotherapy/alternative support) available prior to commencement of interview. Provide time after research interview to allow participant to discuss any distress.	1	1	1	1 None
Travelling to and from interviews	Participant and Researcher	2	1	2	2 For risk to participant: Conducting interview at place of participant's choosing (e.g. their home which would not require travel for them). Conduct interviews during daylight hours and arrange opportunities to cancel if weather inclement.	1	1	1	1 None

Risk to personal safety of researcher	Researcher				For myself: ensure car fully serviced; Have arrangement with participant to cancel if weather inclement for travel.	1	1	1	None
					0 Inform Director of Studies of dates, locations and times of all interviews. Arrange to call immediately after each. Take mobile phone (fully charged) to each interview.	1	1	1	None

Severity

HIGH

3

Fatality or major injury causing long-term disability

MEDIUM

2

Injury or illness causing short-term disability

LOW

1

Other injury or illness

Likelihood

HIGH

3

Certain or near certain

MEDIUM

2

Reasonably likely

LOW

1

Very seldom or never

Risk Matrix**Likelihood**

Severity		H	M	L
H		9	6	3
M		6	4	2
L		3	2	1

Risk Rating

6 - 9 HIGH RISK

Immediate action required to reduce risk

3 - 4 MEDIUM RISK

Seek to further reduce risk

1 - 2 LOW RISK

No action but continue to monitor

**INVITATION TO PARTICIPATE IN RESEARCH INTO 'WORKING WITH
THE EROTIC'**

Dear

My name is Darren McClounan and I am currently a research student at Roehampton University, studying for an MSc in Counselling & Psychotherapy. I am conducting a research project as part fulfilment of my final year.

The study aims, through an informal interview of up to one hour, to explore therapists' experience of working with erotic material as it emerges within the therapeutic relationship; whether from the client, the therapist (or both) and how this is acknowledged and worked with (or not).

It is hoped this research will provide an opportunity to allow for something of the experience of therapists to emerge, that highlights attitudes toward erotic material and what can aid or hinder working with it in the therapeutic relationship. It is believed this may indicate a need for further research into how therapists can be better equipped for facilitating their clients in this area.

If my research interests you and you would like to take part, or to find out further information with a view to taking part, please contact me either by email or telephone:

Kind regards,

Darren McClounan

BRIEFING DOCUMENT

Dear Participant,

Thank you for offering to take part in my research study, I greatly value your time and willingness to contribute.

Currently I am a research student at Roehampton University, studying for an MSc in Counselling & Psychotherapy and am conducting this research as part fulfilment of my final year.

The study aims to explore therapists' experience of working with erotic material as it emerges within the therapeutic relationship; whether from the client, the therapist (or both) and how this is acknowledged and worked with (or not).

It is hoped that this research will provide an opportunity to allow for something of the experience of therapists to emerge that highlights attitudes to erotic material and what can aid or hinder working with it in the therapeutic relationship. It is believed this may indicate a need for further research into how therapists can be better equipped for facilitating their clients in this area.

I intend to interview 8-10 therapists and anticipate conducting these interviews during November. The interview will be informal and will last for up to one hour at a time and location convenient to you. If you would prefer then I am happy to arrange for the interview to take place at Roehampton University.

The interview will be audio recorded and later transcribed to allow for data analysis using a qualitative research method. Every effort will be made to ensure your anonymity. Any details that could identify you or your clients will be removed and in addition pseudonyms will be used. Research data will be kept securely and destroyed after six years, as per Roehampton University regulations.

At any stage in the process up until the end of December 2009 you are free to withdraw your participation in the study. After this time withdrawal could compromise the research.

Following the interview you will be offered time of up to half an hour to discuss any issues or concerns that may have arisen for you and will be provided with a debriefing document providing further information.

Should you require any further information before proceeding with the interview, please feel free to contact me by email or telephone. If you are happy to take part, please contact me in order to arrange a convenient time and place to meet. I will ask you to sign the attached consent form prior to conducting the interview.

Thank you again for the interest you have shown in this research.

Darren McClounan

ETHICS BOARD

PARTICIPANT CONSENT FORM PRO FORMA

Title of Research Project: Exploring therapists' experience of working with the erotic as it emerges within the therapeutic relationship.

Brief Description of Research Project:

A qualitative research study to explore the experience of therapists with regard to working with erotic material that may arise within the therapeutic relationship, both from the client and the therapist, and how this is acknowledged and worked with (or not).

Investigator Contact Details:

Consent Statement:

I agree to take part in this research, and am aware that I am free to withdraw at any point up until the end of December 2009, after which withdrawal could compromise the research. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings.

Name

Signature

Date

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School (or if the researcher is a student you can also contact the Director of Studies.)

DEBRIEFING DOCUMENT

Dear Participant,

Thank you for taking the time to meet with me today and contribute to this qualitative research study into working with the erotic. I am very grateful for your willingness to share your views and experience.

As stated in the briefing document, you have the right to withdraw your contribution from this study at any time up until the end of December 2009, after which withdrawal could compromise the research.

If any issues or concerns have arisen as a result of your participation in this interview today, then I am willing to spend up to a further half an hour with you now in order to discuss these. Alternatively you may wish to speak to your own therapist, if you have one, or you can access a therapist through the UKCP or BACP websites:

UKCP: www.psychotherapy.org.uk
BACP: www.bacp.co.uk

If you have any further questions relating to this study then please feel free to contact me

Alternatively, to speak to an independent party, please contact the Director of Studies:

Once again, I greatly value your participation in this research and thank you for your time.

Darren McClounan

APPENDIX B:

Study Two: Ethics application, Risk assessment, Invitation to participate, Briefing document, Consent form, Debriefing document



ETHICS

APPLICATION FORM (February 2011)

PLEASE CHECK THE RELEVANT BOX

(NB. double click on the check box and select 'checked')

MEMBER OF STAFF ☐

RESEARCH STUDENT ☒

(MPhil, PhD, EdD, PsychD)

EXTERNAL INVESTIGATOR ☐

STUDENT (Other)** ☐

If you are a transfer student or conducting collaborative research you may not need to complete this form, please see Section 2.2. of the Guidelines. **If you are on a taught course you do not need to complete this form unless your project is worth more than 50% of your total credits or you have been asked to do so by your supervisor

SECTION 1: PERSONAL DETAILS

Please complete the header with your name and Department

Name (lead):	
Otherinvestigators:	
Correspondenceaddress:	
Telephoneno:	
Email: (all correspondence will be sent by email unless otherwise requested)	
FOR STUDENTS ONLY:	
Programmeofstudy& Department:	
Modeofstudy (full-time/part-time)	
DirectorofStudies: (Ifyouareonataughtcourseplease give thenameofyoursupervisor)	
FOR EXTERNAL INVESTIGATORS ONLY (please see Section 4.5 of the Ethical Guidelines):	
Name of Academic Assessor:	

SECTION 2: PROJECT DETAILS	
Title of project:	The Erotic: Taboo or not Taboo?
Proposed start date: <i>(Please note it can take several months to get approval. The Committee will not approve a retrospective start date)</i>	ASAP
Duration:	For submission by October 2012
<p>Purpose of the proposed investigation : This section should include the material which outlines the rationale for the project, i.e. why this study needs to be done. This should be done in a way that is both accessible and scholarly, i.e. have proper cited sources.</p> <p>This proposal is for a second piece of research, to be undertaken as part of a two-part study, the first part of which has already been undertaken by the proposer as part of his MSc, although this award has not been taken and is being carried forward into this PsychD.</p> <p>The proposer intends to recruit eight new participants to conduct a further set of individual interviews with, around the topic detailed below, which stems from findings in the first part of the study. Both studies will then be presented together as a double study thesis in fulfilment of the PsychD.</p> <p>The research question for the first part of the study was: Exploring Psychotherapists' Experience of Working With the Erotic as it Emerges Within the Therapeutic Relationship. For the purpose of both studies, the term 'erotic' is seen to encapsulate not just sex but also love, desire, intimacy and fantasy.</p> <p>Findings from this research suggested that 'fear' amongst these participants was found to pervade their practice when the erotic was felt to be present.</p> <p>Ability amongst the participants to engage the erotic in the therapeutic relationship seemed to be linked to the extent to which they had been able to explore and speak of the erotic within their training and development as psychotherapists. For the purpose of this study, the term 'development' is used to include both professional development (supervision, personal therapy etc.) and through the individual's personal lived experience.</p> <p>Those who felt they had been given the opportunity to explore the erotic as a topic in their training and development, reported a higher level of comfort and willingness to acknowledge and engage with the erotic in their practice, whilst the findings suggested the opposite seemed true for others. Speaking about the erotic in training, acknowledging it as a potential topic of therapeutic work, seemed to act like 'permission' from the authorities for some participants to 'go there'. Likewise, failure to address the subject seemed to lead to some participants feeling they didn't have permission and should 'not go there'.</p>	

A deeper understanding therefore, of how training and development might help or hinder therapists engage with the erotic in their practice, seems to be relevant and important. The following examples from existing literature are felt by the proposer to highlight and support this:

In their study, Ladany et al (1997) found the majority of participants believed inadequate attention was given to the issue of sexual attraction to clients and Edelwich & Brodsky (1991) report most professionals feel unprepared when faced with sexual dilemmas in their therapeutic work.

However, Pope and Tabachnick (1993) state that sexual feelings may make therapists and students uncomfortable, leading to neglect of the issue in training, and reducing the opportunity to develop confidence.

In a study by Paxton et al (2001) of university based psychotherapists, results show content-specific training, the opportunity to explore their own sexual selves and non-judgemental supervisors who normalised the phenomenon of sexual feelings in the therapeutic relationship, were all cited as factors leading to therapists feeling very well prepared to deal with sexual feelings in therapy in an ethical, responsible manner.

Paxton et al (2001) suggest it is almost as if there is a threshold that something in this type of training enables therapists to cross and argue therefore that it is the above factors and not a course in ethics during training that facilitates therapists' development.

Bridges (1994, 1998) claims the prevalence of misconduct amongst psychotherapists indicates both serious deficiencies in and a need for increased attention to training and education. Bridges (1994) suggests such focus in training reduces potential for shame and embarrassment, promotes development of skills and increases the likelihood of therapists seeking guidance. Pope et al (1986) believe the phenomenon of therapist-client sexual contact should be clearly distinguished from sexual feelings to avoid the latter suffering guilt by association.

Fisher (2004) claims training programmes and supervisors have a responsibility to discuss relevant issues early in training and often; whilst Pope et al (1986) believe it should be a central issue in training and textbooks, and not restricted to a one hour lecture, in order to lift the taboo.

Elise (2002) suggests the need to try to find ways to facilitate discussion of this topic, both in theory courses and in case conferences. Sherman (2002:665) agrees, arguing '*as a profession, we need to talk more openly about, write about, debate about the kind of sexually charged feelings we all face in treatment.*' Students and candidates, Elise (2002) believes, will feel less inhibited in bringing up concerns related to the erotic, and sexuality – the original cornerstone of psychoanalysis – will no longer be a silent taboo. Sherman states: '*The more we can allow ourselves to feel our full range of sexual feelings – including uncertainty and discomfort – the more likely we are to create a safe atmosphere for our patients to do the same*' (2002:665).

Failure to address the erotic in training means supervisors, claims Bridges (1998), have a responsibility to educate trainees by initiating discussion and creating a milieu of safety and openness, giving trainees permission to explore the issue. Supervisors normalising the issue and initiating discussion is something Ladany et al (1997) also found trainees reported as helpful. This appears to be confirmed by Rodolfa et al (1994) who found supervisors failing to create a safe atmosphere for trainees, tended to inhibit discussion of such material.

However, Bridges (1998) notes that failure to receive education themselves in their own training, leaves many supervisors inadequately prepared to do this and often the subject is only raised when a serious problem or boundary violation occurs.

Working through sexual feelings in supervision, suggest Pope et al (1993), allows therapists to address sexual feelings in a healthy rather than destructive manner.

Gabbard (1994) agrees, stating supervision can provide somewhere to work through the thoughts and feelings rather than acting them out and therefore transgressing boundaries. *'Erotic countertransference becomes less mysterious and compelling when exposed to the light of day and discussed as a matter of rational discourse between analyst and consultant.'* (1994:1100).

The findings from the first part of this study suggest that engaging with erotic material emerging within the therapeutic relationship can cause fear and discomfort in the therapists who participated. However it also suggests these therapists recognise the importance engagement with the erotic can have on the therapeutic process and ultimately for clients; leading to a sense of the therapists needing to face their fears and 'go there' nonetheless.

With so much fear being generated by erotic material, it seems that some form of prior authorisation might influence participants' ability to attend to, rather than avoid the erotic. This research therefore seeks to develop further this apparent finding from the first part of the study, by exploring particularly the relevance, if any, of psychotherapists' addressing 'the erotic' in their training and development and its implications upon their ability to engage with the erotic in their practice.

References:

- Bridges, N.A. (1994) 'Meaning and Management of Attraction: Neglected Areas of Psychotherapy Training and Practice.' *Journal of Psychotherapy*, 31, pp.424-433.
- Bridges, N.A. (1998) 'Teaching Psychiatric Trainees to Respond to Sexual and Loving Feelings: The Supervisory Challenge.' *The Journal of Psychotherapy Practice and Research*, 7, pp.217-226.
- Edelwich, J. & Brodsky, A. (1991) *Sexual Dilemmas for the Helping Professional: Revised and Expanded Edition*. New York: Bruner/Mazel.
- Elise, D. (2002) 'Blocked Creativity and Inhibited Erotic Transference.' *Studies in Gender and Sexuality*, 3(2), pp.161-195.

- Fisher, C.D. (2004) 'Ethical Issues in Therapy: Therapist Self-disclosure of Sexual Feelings.' *Ethics and Behaviour*, 14(2), pp.105-121.
- Gabbard, G.O. (1994) 'Sexual Excitement and Countertransference Love in the Analyst.' *Journal of the American Psychoanalytic Association*, 42, pp.1083-1106.
- Ladany, N., O'Brien, K.M., Hill, C.E., Melincoff, D.S., Knox, S., & Petersen, D.A. (1997) 'Sexual Attraction Toward Clients, Use of Supervision, and Prior Training: A Qualitative Study of Predoctoral Psychology Interns.' *Journal of Counselling Psychology*, 44(4), pp.413-424.
- Paxton, C., Lovett, J., & Riggs, M.L. (2001) 'The Nature of Professional Training and Perceptions of Adequacy in Dealing with Sexual Feelings in Psychotherapy: Experiences of Clinical Faculty.' *Ethics and Behaviour*, 11(2), pp.175-189.
- Pope, K.S., Keith-Spiegel, P., & Tabachnick, B.G. (1986) 'Sexual Attraction to Clients: The Human Therapist and the (Sometimes) Inhuman Training System.' *American Psychologist*, 41(2), pp.147-158.
- Pope, K.S. & Tabachnick, G. (1993) 'Therapists' Anger, Hate, Fear, and Sexual Feelings: National Survey of Therapist Responses, Client Characteristics, Critical Events, Formal Complaints, and Training.' *Professional Psychology: Research and Review*, 24(2), pp.142-152.
- Pope, K.S., Sonne, J.L., & Holroyd, J. (1993) *Sexual Feelings in Psychotherapy: Explorations for Therapists and Therapists-in-Training* Washington, DC: American Psychological Association.
- Rodolfa, E., Hall, T., Holms, V., Davena, A., Komatz, D., Antunez, M., & Hall, A. (1994) 'The Management of Sexual Feelings in Therapy.' *Professional Psychology: Research and Practice*, 25(2), pp.168-172.
- Searles, H.F. (1959) 'Oedipal Love in the Counter Transference.' *International Journal of Psycho-Analysis*, 40, pp.180-190.
- Sherman, E. (2002) 'Homoerotic Countertransference: The Love That Dare Not Speak Its Name?' *Psychoanalytic Dialogues*, 12, pp.649-666.

Outline of project:

This section should include the details of methodology i.e. what will be done and how.

At this stage the proposer intends to use Interpretative Phenomenological Analysis (IPA) as his method.

IPA is a relatively 'young' approach to qualitative analysis (Larkin et al, 2006) that is committed to the examination of how people make sense of their experiences (Smith et al, 2009). There are three theoretical perspectives central to IPA: phenomenology, hermeneutics, and idiography.

Data collection normally occurs through semi-structured interviews, followed by systematic case by case analysis of the transcripts, which are then turned into a narrative account of the findings, supported by verbatim extracts (Smith et al, 2009).

The researcher therefore intends to conduct one-to-one semi-structured, open-ended interviews whilst recording onto an audio device for later transcription. Participants will initially be asked to speak about their training experience in relation to the topic and its impact upon their practice. If necessary, additional questions could be used to prompt further response, as below:

Interview question:

Please can you tell me how you feel your training and development as a psychotherapist has helped and/or hindered your ability to engage with erotic material emerging within the therapeutic relationship?

This is the only 'planned' question the proposer intends to ask. If necessary then the researcher will elaborate on what is meant by training and development by asking participants to talk about not only their training institution, but also their experience of supervision, personal therapy and any other training or courses attended.

Also, if necessary, the term 'erotic material' will be expanded upon to make it clear that the term 'erotic' is seen to encapsulate not just sex but also love, desire, intimacy and fantasy.

Participants:

Will be qualified psychotherapists registered either with UKCP.

Orientation, length of experience since qualification and gender will not matter, though it is hoped a mix will be obtained.

Recruitment will be attempted through either email or post from details obtained via the UKCP registers.

Potential participants will be sent a copy of a briefing document in order to provide them with information about the research project.

No incentive will be offered for participating in this research.

Participation will be on a purely voluntary basis.

Respondents will be able to withdraw from the research at any stage up to a clearly defined end date, after which it is felt it may not be possible to withdraw participants' data from the write-up.

It is envisaged that 8 participants will be recruited for this study.

Timeline:

Academic year 2011/2012:

Now - Dec: Completion and submission for approval of RDB2 and Ethics application, completion of literature review.

Dec – Jan: Recruitment of participants, preparation for interviews.

Jan – Feb : Conduct interviews and transcribe.

Feb - Mar : Conduct analysis.

Mar – June: Complete analysis, thesis writing.

References:

Larkin, M., Watts, S., & Clifton, E. (2006) 'Giving Voice and Making Sense in Interpretative Phenomenological Analysis.' *Qualitative Research in Psychology*, 3, pp.102-120.

Smith, J.A., Flowers, P., & Larkin, M. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.

Ethical issues raised by the project:

- Due consideration will be given to UKCP ethical guidelines in order to ensure these are followed and complied with throughout the research process.
- It is important that every effort is made to ensure confidentiality and protect the anonymity of research participants. Any details that could identify therapists or their clients will be removed and in addition pseudonyms will be used. Research data will be kept securely and destroyed after ten years, as per Roehampton University regulations.
- Encouraging participants to think and speak of their experiences could prove unsettling for them. The researcher will offer time after the interviews for participants to discuss anything that has arisen for them and also provide information advising how they may seek additional support if necessary through therapists on the BACP or UKCP registers.
- Should participants disclose any information of an inappropriate, unprofessional or harmful nature, then the proposer will firstly discuss this with his director of studies and agree any appropriate action to take. This might for example be to report the information to the appropriate authorities or governing body. If however, it is felt by the proposer that someone is in immediate danger or harm, then the proposer would inform the police of his concerns.
- Conducting interviews off-site cause health and safety issues such as lone working and other risks to be taken into account. Due consideration has been given to these and can be referred to in the attached risk assessment.

SECTION 3: USE OF PARTICIPANTS

- You should download the Participant Consent Form Template and amend it if necessary
- You should also attach any other information to be given to participants
- You should consider carefully what information you provide to participants, e.g. scope of study, number of participants, duration of study, risks/benefits of the project. It is recommended that the participant has two copies of the consent form so they can retain one for information.
- If images or anything else which might allow the identification of participants is to be publicly accessible (e.g. on the web), further written consent must be secured

Give details of the method of recruitment, and potential benefits to participants if any (include any financial benefits where appropriate).

Please remember that ethics approval will have to be sought from any organisations where recruitment is carried out or posters placed (e.g. if you recruit in GP's surgeries you will require NHS approval):

Recruitment will be attempted through a brief synopsis of the research study, sent either by email or post from details obtained via the UKCP registers.

Therapists will be selected from the registers based upon their addresses in order to minimise time and cost involved in travelling to and from the interviews for the researcher. There is no preference for gender, modality or experience though it is hoped a mix might be obtained.

Following initially expressed interest, the briefing letter and consent form will be sent asking for formal confirmation that they are willing to participate.

If respondents do not want to participate, they will be asked if they are able to provide referral to others who they believe may be interested.

It is the researcher's intention to progressively advertise this research in order to avoid over recruitment. Should more therapists respond than required, those not selected will be contacted, thanked for the interest they have shown, advised of the response level and that selection of participants has therefore been made based upon achieving a diverse mix.

Participation will be on a purely voluntary basis.

Respondents will be able to withdraw from the research at any stage up to the end of February 2012, after which it is felt it may not be possible to remove participants' data from the write-up.

No incentive will be offered for participating in this research.

Will you be using participants who are aged under 18?

YES ☐ NO ☒

If you have answered Yes please refer to section 4.11 of the Ethics Guidelines and highlight the particular issues raised by working with these participants and how these issues have been addressed.

Details of CRB check?

SECTION 4: HEALTH AND SAFETY

- **You must download and complete the Risk Assessment Form and attach this to your application.**
- You should be able to demonstrate that appropriate mechanisms are in place for the research to be carried out safely
- If necessary the Head of Health & Safety should be consulted before the application is submitted

Will any of your project take place outside the UK?

YES ☐ NO ☒

If you have answered yes please list the countries below and refer to Section 4.2 of the Ethics Guidelines, complete the overseas risk assessment and consult with the Head of Health and Safety :

Is this a clinical trial or a project which may involve abnormal risk to participants?

YES ☐ NO ☒

Will 'human tissue' samples need to be stored?

YES ☐ NO ☒

If you have answered Yes please contact the Ethics Administrator who will be able to direct you to the appropriate member of staff dealing with this. Please also refer to Sections 3.5 and 4.2 of the Ethics Guidelines

SECTION 5: PUBLICATION OF RESULTS

How will you disseminate your findings? (e.g. publication)

Through submission of a university thesis and possible future publication.

How will you ensure the anonymity of your participants?

(If your participants do not wish to remain anonymous you must obtain their written consent.)

Every effort will be made to minimise anything in the document that could lead to identification and to maintain anonymity. Participants will be given pseudonyms when referred to in the study in order to further ensure their anonymity.

Interviews will be conducted in a confidential environment and transcribed by the researcher personally.

SECTION 6: STORAGE OF DATA

Section 2.7 of *Roehampton University Code of Good Research Practice* states the following 'research data must normally be retained intact for a period of at least ten years from the date of any publication which is based upon it. Researchers should be aware that specific professional bodies and research councils may require a longer period of data retention.'

Describe how and where the following data will be stored and how they will be kept secure:

Raw and processed data

Will be retained intact and kept in a locked box at the researcher's home address for the required ten year period as dictated by Roehampton University regulations.

Documents containing personal details of any participants

Will be destroyed as soon as they are no longer required to undertake the research project.

SECTION 7: EXTERNAL GUIDELINES, APPROVAL & FUNDING

Are there any relevant subject-specific ethics guidelines (e.g. from a professional society)? If so how will these inform your research process?

UKCP

Due consideration will be given to UKCP guidelines in order to ensure these are followed and complied with throughout the research process.

Has/will the project be submitted for approval to the ethics committee of any other organisation, e.g. NHS ethics approval? (Please see Section 4.3, Ethics Guidelines)

No

What is the outcome of this?

Is your project externally funded?

YES ☐ NO ☒ If you have answered yes you must complete a P1 form and submit this to the Bids & Grants Team, RBDO before you complete your ethics application.

Please state the name of the funding organisation/company below and provide any other relevant information:

Has your P1 form been approved?

YES ☐ NO ☐

SECTION 8: CHECKLIST

Please read through the checklist and check the box to confirm:

NB. this checklist is part of the Ethics Application and must be completed

Project Details

- Have you completed your personal details? (Section 1) Yes ☒
- Have you outlined the project and ethical issues? (Section 2) Yes ☒
- Have you described your project in laymen's terms and avoided using too much technical jargon? Yes ☒
- Have you focussed on the ethical issues and practical steps of carrying out the project rather than methodological arguments which are not relevant to this application? Yes ☒

Working with Participants

- Have you completed details of how you intend to recruit participants and whether they will receive any reimbursement? (Section 3) Yes ☒
- If you are working with under 18s have you addressed the particular ethical issues involved in working with these participants? (Section 3) Yes ☐
NA ☒
- Have you amended the Participant Consent Form (Template) for your project? Yes ☒
- Have you attached to your form any other information that may be needed for participants, e.g. Debriefing Letter, Information Sheet? Yes ☒
- Have you attached to your form any other participant-facing materials, e.g. recruitment posters, questionnaire, interview questions? Yes ☐
- If your project involves clinical trial/s, abnormal level of risk or working with animals have you read University Guidelines carefully? Yes ☐
NA ☒

Health and Safety

- If your project takes place outside the UK have you noted on the form where the project will take place and read section 4.2 of the guidelines? Yes ☐
NA ☒
- Have you completed the University risk assessment describing the risks associated with your project and how you will implement control measures to address these? Yes ☒
- If your project involves interviews in a participant's home or lone-working information have you considered the risks and control measures in the risk assessment? (E.g. advising a colleague/supervisor of the timings of visits, ringing before/after interview and developing a contingency plan if contact is not made) Yes ☒
- If your project involves clinical trial/s, abnormal level of risk, working overseas or working with animals, have you consulted with the Head of Health & Safety in drawing up your risk assessment? Yes ☐
NA ☒
- If your project involves clinical trial/s, abnormal level of risk, working overseas or working with animals have you marked this clearly on the form (Section 4) and read sections 3.5 and 4.2 of the guidelines? Yes ☐
NA ☒

Publication of Results

- Have you described on the form how you will publish your findings? (Section 5) Yes ☒
- Have you described how you will ensure the anonymity of your participants or asked your participants for explicit consent in your consent form to identify them in your research? Yes ☒

Storage of Data

- Are you aware that the University's Code of Good Research Practice requires you to retain data intact for a period of at least ten years from the date of any publication? Yes ☒

(Specific professional bodies and research councils may require a longer period of data retention.)

Have you described how and where your data will be stored at the University and how this will be kept secure? (Section 6) Yes ☒

External Guidelines & Funding

Have you noted any relevant subject-specific ethics guidelines (e.g. from a professional society) and considered how these will inform your research? (Section 7) Yes ☒

Have you considered whether you have to apply for ethical approval through another organisation (e.g. NHS)? (Section 7) Yes ☐
NA ☒

Have you provided full details of any external funding and the approval stage of your P1 form? (Section 7) Yes ☐
NA ☒

Have you included a contract or any other formal agreement relating to the project? Yes ☐
NA ☒

Applicant's Confirmation

Have you added an electronic signature or typed your name and date in the applicant's signature box? Yes ☒

If you are a student has your supervisor checked your application form before submission? Yes ☐
NA ☐

Will you email the Ethics Administrator and make sure you attach your Ethics Application Form and all documents, e.g. Participant Consent Form, Risk Assessment Form and any additional information for participants or for other purposes? Yes ☒

Presentation

Have you completed the form using size 12 black font, using one font (e.g. Arial) throughout the form and removed any large gaps from the application form? Yes ☒

Have you proof-read your application form and attached documents? Yes ☒

Ethics Approval Process

Do you understand the following?

- the ethics approval process can take several weeks Yes ☒
- that you must not begin your project or enter into any agreement or contract until you have received email confirmation from the Ethics Administrator that you can begin the project Yes ☒

- that the Ethics Application Form will be approved by your Department and the Ethics Committee may be asked to advise on problematic cases Yes ☒

- that you may be asked by the Ethics Administrator to make revisions to your form and you will be given two months to make these revisions from the date of any email sent to you Yes ☒

SECTION 9: APPLICANT'S CONFIRMATION	
<i>I confirm that the information supplied on this form is correct and confirm that the above checklist has been fully completed.</i>	
Applicant's signature:	Darren McClounan <i>Please use an electronic signature or type your name</i>
Date:	16.11.2011
FOR STUDENTS ONLY: DIRECTOR OF STUDIES SIGNATURE (Where there is not a Director of Studies this should be completed by the academic supervisor)	
<p><i>The Director of Studies is required to:</i></p> <ul style="list-style-type: none"> • <i>scrutinise the Ethics Application and all participant-facing documentation</i> • <i>suggest and check any changes which need making before the form is submitted</i> <p><i>Please tick the box to confirm that you have approved the application and participant-facing documentation</i> <input type="checkbox"/></p>	
Signature:	<i>Please use an electronic signature or type your name</i>
Print name:	
Date:	

The Application Form does not need to be printed out. This should be sent by email with attachments to the Ethics Administrator:

- Ethics Application Form
- Participant Consent Form
- Risk Assessment Form
- Any other information
(e.g. contract, advertising material, questionnaires, debriefing letters)

PLEASE NOTE: YOU MUST NOT BEGIN YOUR PROJECT UNTIL YOUR ETHICS APPLICATION HAS BEEN APPROVED

Title: The Erotic: Taboo or not taboo?									
Risk Assessment No:1		Event / Activity: Research Interviews			Date Assessed:12.11.11			Assessor's Name: Darren McClounan	
					Review Date:			Assessor's Signature:	
		Uncontrolled Risk				Residual Risk			
		Severity x Likelihood = Risk Rating				Severity x Likelihood = Risk Rating			
Hazard	To Whom	S	L	R	Control Risk by	S	L	R	Further Action Needed
Equipment used for tape recording - leads or wires a potential trip hazard	Participant and Researcher	2	1		1 Ensure no leads or wires as potential trip hazard	0	0		1 None
		1	1			1	1		
	Participant	2	1		2 Ensure appropriate support (access to counselling or psychotherapy/alternative support) available prior to commencement of interview. Provide time after research interview to allow participant to discuss any distress.	1	1		1 None
209									
Travelling to and from interviews	Participant and Researcher	2	1		2 For risk to participant: Conducting interview at place of participant's choosing (e.g. their home which would not require travel for them). Conduct interviews during daylight hours and arrange opportunities to cancel if weather inclement.	1	1		1 None
					For myself: ensure car fully serviced; Have arrangement with participant to cancel if weather inclement for travel.	1	1		1 None

Risk to personal safety of researcher	Researcher			0	Inform partner of dates, locations and times of all interviews. Arrange to call immediately after each. Take mobile phone (fully charged) to each interview.	1	1	1	None
---------------------------------------	------------	--	--	---	--------------------------------------------------------------------------------------------------------------------------------------------------------------	---	---	---	------

Severity

HIGH

3

Fatality or major injury causing long-term disability

MEDIUM

2

Injury or illness causing short-term disability

LOW

1

Other injury or illness

Likelihood

HIGH

3

Certain or near certain

MEDIUM

2

Reasonably likely

LOW

1

Very seldom or never

Risk Matrix

		Likelihood		
Severity		H	M	L
	H	9	6	3
	M	6	4	2
	L	3	2	1

Risk Rating

6 - 9 HIGH RISK

3 - 4 MEDIUM RISK

1 - 2 LOW RISK

Immediate action required to reduce risk

Seek to further reduce risk

No action but continue to monitor

**INVITATION TO PARTICIPATE IN RESEARCH INTO 'THE IMPLICATIONS
OF TRAINING AND DEVELOPMENT UPON ENGAGING WITH EROTIC
MATERIAL IN PRACTICE'**

Dear

My name is Darren McClounan and I am currently a research student at Roehampton University, studying for a PsychD in Counselling & Psychotherapy. I am conducting a research project as part fulfilment of my studies.

The study aims, through an informal interview of up to one hour, to explore psychotherapists' experience of engaging with erotic material as it emerges within the therapeutic relationship; whether from the client, the therapist (or both), with particular reference to the impact, positive *or* negative, training and development might have had upon therapists ability to attend to, rather than avoid, the erotic.

It is hoped this research will provide an opportunity to allow for something of the experience of therapists to emerge, that highlights attitudes toward training and development in relation to engaging with erotic material in practice. It is believed this may indicate a need for further research into how therapists can be better equipped for facilitating their clients in this area.

If my research interests you and you would like to take part, or to find out further information with a view to taking part, please contact me either by email or telephone:

Kind regards,

Darren McClounan

BRIEFING DOCUMENT

Dear Participant,

Thank you for offering to take part in my research study, I greatly value your time and willingness to contribute.

Currently I am a research student at Roehampton University, studying for a PsychD in Counselling & Psychotherapy and am conducting this research as part fulfilment of my studies.

The study aims, through an informal interview of up to one hour, to explore psychotherapists' experience of engaging with erotic material as it emerges within the therapeutic relationship; whether from the client, the therapist (or both), with particular reference to the impact, positive *or* negative, training and development might have had upon therapists ability to attend to, rather than avoid, the erotic.

It is hoped this research will provide an opportunity to allow for something of the experience of therapists to emerge, that highlights attitudes towards training and development in relation to engaging with erotic material in practice. It is believed this may indicate a need for further research into how therapists can be better equipped for facilitating their clients in this area.

I intend to interview 8 psychotherapists and anticipate conducting these interviews during January. The interview will be informal and will last for up to one hour at a time and location convenient to you. If you would prefer then I am happy to arrange for the interview to take place at Roehampton University.

The interview will be audio recorded and later transcribed to allow for data analysis using a qualitative research method. Every effort will be made to ensure your anonymity. Any details that could identify you or your clients will be removed and in addition pseudonyms will be used. Research data will be kept securely and destroyed after ten years, as per Roehampton University regulations.

At any stage in the process up until the end of February 2012 you are free to withdraw your participation in the study. After this time it may not be possible to withdraw your data from the write-up.

Following the interview you will be offered time of up to half an hour to discuss any issues or concerns that may have arisen for you and will be provided with a debriefing document providing further information.

Should you require any further information before proceeding with the interview, please feel free to contact me by email or telephone. If you are

happy to take part, please contact me in order to arrange a convenient time and place to meet. I will ask you to sign the attached consent form prior to conducting the interview.

Thank you again for the interest you have shown in this research.

Darren McClounan

ETHICS COMMITTEE

PARTICIPANT CONSENT FORM

Title of Research Project: The Erotic: Taboo or not taboo?

Brief Description of Research Project:

The study aims, through an informal interview of up to one hour, to explore psychotherapists' experience of engaging with erotic material as it emerges within the therapeutic relationship; whether from the client, the therapist (or both), with particular reference to the impact, positive *or* negative, training and development might have had upon therapists ability to attend to, rather than avoid, the erotic.

It is hoped this research will provide an opportunity to allow for something of the experience of therapists to emerge, that highlights attitudes towards training and development in relation to engaging with erotic material in practice. It is believed this may indicate a need for further research into how therapists can be better equipped for facilitating their clients in this area.

I intend to interview 8 psychotherapists and anticipate conducting these interviews during January. The interview will be informal and will last for up to one hour at a time and location convenient to you. If you would prefer then I am happy to arrange for the interview to take place at Roehampton University.

The interview will be audio recorded and later transcribed to allow for data analysis using a qualitative research method. Every effort will be made to ensure your anonymity. Any details that could identify you or your clients will be removed and in addition pseudonyms will be used. Research data will be kept securely and destroyed after ten years, as per Roehampton University regulations.

Investigator Contact Details:

Consent Statement:

I agree to take part in this research, and am aware that I am free to withdraw at any point up until the end of February 2012, after which time it may not be possible to withdraw my data from the write-up. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings. However, I also understand the limits of this confidentiality, in that should I disclose information that indicates harm to clients or myself, this information will be notified to the relevant bodies.

Name

Signature

Date

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Head of Department (or if the researcher is a student you can also contact the Director of Studies.)

DEBRIEFING DOCUMENT

Dear Participant,

Thank you for taking the time to meet with me today and contribute to this qualitative research study into engaging with the erotic. I am very grateful for your willingness to share your views and experience.

As stated in the briefing document, you have the right to withdraw your contribution from this study at any time up until the end of February 2012, after which time it may not be possible to withdraw your data from the write-up.

If any issues or concerns have arisen as a result of your participation in this interview today, then I am willing to spend up to a further half an hour with you now in order to discuss these. Alternatively you may wish to speak to your own therapist, if you have one, or you can access a therapist through the UKCP or BACP websites:

UKCP: www.psychotherapy.org.uk
BACP: www.bacp.co.uk

However if you would like to contact an independent party please contact the Head of Department (or if the researcher is a student you can also contact the Director of Studies.)

Once again, I greatly value your participation in this research and thank you for your time.

Darren McClounan

APPENDIX C:

Study Two: Interview schedule

Study Two: IPA Interview Schedule:

1. **Could you start by telling me about your experience of engaging with erotic material, emerging within the therapeutic relationship, within your practice.**

PROMPT (if necessary): can you recall any examples of when you felt something erotic was present in a therapeutic relationship, and speak of how you responded, or not, to that.

2. **How, if at all, do you feel hindered from engaging, or engaging more so, with erotic material emerging within the therapeutic relationship?**

3. **Thinking now about your training and development as a psychotherapist, can you tell me about how you feel this has either helped, or hindered your ability to engage with erotic material emerging within the therapeutic relationship.**

PROMPT (if necessary) for them to include:

- Training institution*
- Supervision*
- Personal therapy*
- Personal development*

4. **How do you feel your training and development could have helped you feel more able to engage with erotic material emerging within the therapeutic relationship?**

5. **What else, if anything, would you like to tell me about today, that you feel is relevant to my research?**

General prompts throughout:

Can you tell me a bit more about that?

How does/did that make you feel?

What do you mean by that?

Why? Why do you think that is?

APPENDIX D:

Study One & Two: Example interview transcripts

1 **Study One: Participant D Interview**

2 *I = Interviewer D = Participant*

3 I: Yeah, so basically, my question really, is just, can you tell me about your
4 experience of working with the erotic, ummm

5 D: Yeah, I wasn't sure what you meant by that.

6 I: By the term erotic?

7 D: Yeah.

8 I: Ok, ummm (...) I mean I'm using the term erotic so that it's not just sex. It's
9 kind of intimacy, desire, love, you know, the kind of things that can come
10 within the therapeutic dyad.

11 D: That is about the relationship?

12 I: That's something (...) I guess to use ummm (...) psychoanalytic terms, it's
13 erotic transference / countertransference

14 D: Yeah, yeah I wasn't sure because one of the reasons I was interested to
15 talk with you was that umm, that there's been a huge shift. I, I used to work in
16 (omitted for confidentiality (ofc))

17 I: Right

18 D: Had my practice up there and I have sort of 8,9,10 clients a week so I've
19 got roughly half a practice, which I had up there and I have down here. But
20 the nature of (...) of THE work has changed quite a lot, and ummm (...) I think
21 in (ofc), only once did ummm (...) almost only once did sexuality arise (...) in,
22 in terms of what people wanted to talk about, and that was a young woman
23 client who must have been (...) 30 years younger than me, who suddenly said
24 she wanted to have sex with me.

25 I: Right

26 D: I, I didn't see this coming at all (...) ummm (...) I think I just don't notice
27 that, it doesn't cross my mind that somebody might find me attractive, so, I
28 have to have my face almost rubbed in it (...) perhaps that's not one of the
29 best turns of phrase (laughs).

30 I: And, and having had your face rubbed in it, how did you feel?

31 D: How did 'I' feel?

32 I: What was your reaction to that when you

33 D: Shocked! Ummm (...) just on the grounds that 'hey you're 26 and I'm 56',
34 what (...) how sad is that? And she was (...) it was about loneliness I think
35 really and lack of relationships and so on (...) it was a classic therapist thing,
36 here is a nice kindly man who listens to me, whatever I say.

37 I: mmmm, maybe father figure?

38 D: Yes, yeah, and father wasn't a particularly nice man so there was a uh,
39 chunk of father, ummm (...) although I don't think it had anything to do with
40 incest (...) there hadn't been any of that in her background.

41 I: And how did you deal with it? I mean having been quite surprised and
42 shocked, how did you

43 D: Well I mean, I simply said 'well, I'm really flattered but nothing is actually
44 going to happen' and I think, and its sufficiently long ago now, it's (...)
45 probably ten (...) oh no heavens (...) I said I was 56, I was younger than that
46 (...) have to work out when it would be now (...) it was about 1995 so it was
47 fourteen years ago.

48 I: Right

49 D: So I'd be 52, and she was a post graduate student, not of counselling, she
50 was a speech therapist, ummm (...) and I think we talked about her need for
51 relationships and what was stopping her getting relationships which WOULD
52 have a sexual content to them, why she only had friends. And then
53 interestingly enough she went off to America on Holiday and had a, a sexual
54 fling with somebody, for the duration of her stay over there, and then came
55 back and the topic never arose again. So in a sense I didn't really deal with it
56 other than to say it was quite flattering but nothing was going to happen, it
57 would be unprofessional and inappropriate.

58 I: Right. So, there's something there obviously clearly about boundaries,
59 ummm (...) and you know, setting the boundaries and making it clear there
60 would be no transgression of boundaries, but at the same time, it seems like
61 what you're saying is you didn't actually work with it to explore what it could be
62 about.

63 D: To be honest I don't remember now, but, not much and, because she got
64 this break in the States, very shortly afterwards, ummm (...) and had a fling, a
65 sexual fling while she was over there, it, other than telling me she'd had a
66 sexual fling and it was wonderful.

67 I: But obviously what I'm looking at is, working with the erotic OR not, as I've
68 kind of said in the thing, you know, it interests me just as much to hear ummm
69 (...) I don't just want to interview people that say 'oh God yeah I work with it all

70 the time, it's fine, I think it's really important der,der,der, (...) I'm interested in
71 those...

72 D: That it never comes up.

73 I: That don't or haven't or that, yeah exactly, that say it never comes up and
74 what's that about, and why don't you think (...) because the other premise that
75 I'm working from is that we're all sexual beings, ummm (...) where are our
76 sexual selves in therapy?

77 D: Yeah, where is the therapist's sexual self as well as where is the client's

78 I: The, the sexual drive you know is a huge part of us, and the therapeutic
79 relationship CAN be quite intense, ummm (...) especially if it's long-term and it
80 can be quite, meaningful and intimate in many ways, ummm (...) although I
81 don't want to put my beliefs and perceptions onto you, but that's kind of where
82 I'm coming from, so where is, you know, angers explored, this is explored,
83 that's explored, what about sexual desire? What about love? What about
84 somebody having a crush on their therapist and wanting their therapist in a
85 way that is more than just what the therapist is able to give? And in that
86 sense, what you're giving me is an example where somebody clearly wanted
87 that from you, wanted more, and firstly you were shocked, and secondly, it
88 sounds like you kind of didn't work with it and then she went away and it kind
89 of resolved and, so that seems really key to me to understand why you didn't
90 work with it? Was it about discomfort? Was it about lack of experience? What
91 would you say it was about?

92 D: I think it was probably both, it was probably discomfort AND it was lack of
93 experience, I was (...) one or two years into being, seeing clients, only (...)
94 and, umm (...) it, I, whether it was something to do with the way I was trained
95 or not, I don't know, I'll say something briefly, ummm (...) I trained at the (ofc),
96 and (...) there wasn't a module about, about erotic transference or anything
97 like that, (...) there wasn't a module about sexuality, and I was in a couple of
98 groups at the same time as part of my personal therapy and the head of
99 training was one of the group therapists that (...) and err, in one of those
100 groups the topic of sex came up and I remember, no I was in two groups that
101 he ran, and he said 'good gracious me, sex has actually appeared', you know
102 this is almost unheard of, so whether there was some element in the actual
103 training course which said 'this is a non-topic' and, and that that came across
104 to the people on the training course and thus the next generation of
105 therapists, that this was a non-topic, err, it was a Gestalt training I did (...)
106 ummm (...) err

107 I: And at that point when it was mentioned, did it feel like, this is good it's
108 come up, or did it feel like, somewhere in there was a message that said 'and
109 it should be a non-topic?'

110 D: In the case if the err, facilitator, the group therapist it was almost like a sort
111 of relief, at last, somebody has mentioned the elephant in the room.

112 I: Right.

113 D: But it went almost as swiftly. And I'm remembering that this particular
114 person who perhaps should be nameless, (ofc), managed to offend against
115 the code of ethics, by having a sexual relationship with one of his supervisees,
116 so (...) there may well have been some stuff going on for him around sexuality
117 (...) which fed into the course, which fed in to my generation of therapists (...) but now I come down here, not, it's not that there's a lot of people, where I'm
118 aware, that they're thinking 'gosh, how attracted I am to my therapist' but
119 sexuality comes up ALL the time, I feel like I'm, everybody wants to talk about
120 their sex lives, their sexuality, the absence of it, ummm (...) and, and I'm,
121 slightly bewildered, I don't know if it's the move down here, whether it's a shift
122 in, sort of, societal, in more ways, through time or geographically, a switch. Or
123 whether somehow, given my age, I'm SAFE.

125 I: Right, to explore it with

126 D: T, to explore it with because, of course, I won't be sexual any longer so it's
127 quite safe to talk about it with me, and, ummm (...) men and women, talk now,
128 almost entirely unembarrassed to me (...) about the presence or absence of
129 their sexual life (...) but never in relation to me (...) nobody even hints (...) and
130 I fancy you (...) so my sense is, that I'm now a safe person to talk to.

131 I: Right. So it doesn't feel like it's erotic in any way towards you?

132 D: NO

133 I: It's just (...) I mean the other thing that interested me in (...) in getting into
134 this subject area was Freud's claim that we're all polymorphous and perverse
135 (...) so in early infancy I think that you know, we're all kind of, on the sexual
136 spectrum it's kind of anywhere and anything goes, and then we kind of learn
137 to be ummm

138 D: What societies rules are.

139 I: Yeah, and that dictate and tell us what, how we should behave, and (...) kind of, you know, quite interested in that in thinking (...) how much do
140 societies labels (...) homosexuality, heterosexuality, how much do they fence
141 people in, and then, when they walk into the therapy room, how much does
142 the therapist keep them fenced in, by, their own assumptions? So if, if you
143 believe you have a heterosexual male sat in front of you because he's told
144 you he's married with three children and he's talking about his life, how much
145 have you just, decided, that he's a heterosexual male, are you open to the
146 idea that he may have..

148 D: I, I might miss the (...) the clues that, ummm

149 I: I guess, I guess that in that sense it was about you know, how much as
 150 therapists do we enable our clients, to be whatever they might be, that they
 151 don't even realise they might be?

152 D: Like (...) I don't (...) I don't errr (...) yes that I don't let (...) in a sense, I
 153 don't let them talk about something because my presumption is that there are
 154 ONLY certain topics that they will want to talk about.

155 I: Mmmm, might be fixed or lead them, OR something, and again you know,
 156 we get into the realms of the unconscious, but something you might sense,
 157 causes you to go the other way because you don't want to think that, or aren't
 158 open to thinking that, ummm (...) I guess in terms of, how much are therapists
 159 just able to see their clients as anything, possibly, potentially, anything and
 160 sexuality has heterosexuality one end, homosexuality the other, and we could
 161 all be anywhere, somewhere on that spectrum.

162 D: Mmmm, anywhere on that spectrum mmmm

163 I: And some people will be very close to one end, some people, and, and
 164 other people will, and also that some people may change and move along the
 165 spectrum in different ways throughout their lifetime, ummm (...) how much of
 166 that as therapists in terms of erotic material and stuff are we open to?

167 D: What, what (...) what, what might have changed for me is that, ummm (...) I've
 168 accumulated a lot of relational experience, of, of the spectrum, in the
 169 sense that, I've had ummm (...) lesbian clients, gay clients, I've had err
 170 bisexual clients ummm (...) I've a, gay friend, who was married, and his wife
 171 left for a woman and he left for a man.

172 I: Right

173 D: So, in a sense, I feel like, almost nothing is going to shock me (...) I had a
 174 client who was into S&M, a gay client who was into S&M and dressing up, and
 175 things like that (...) so I (...) whether, whether clients get the sense, whether
 176 they sort of test the water and get the impression, ummm (...) that, that I will
 177 listen to anything, that I can actually offer unconditional positive regard,
 178 whatever they say (...) somebody last week, ummm (...) came and said 'oh
 179 I'm really flustered and anxious and, I've a terrible feeling you're going to
 180 condemn me' and told me what had been going on in her sex life (...) and err
 181 (...) and managed, we managed to explore it, really quite (...) fully (...) and I
 182 asked her at the end 'did you feel unaccepted or rejected' and she said 'no,
 183 exactly the reverse, I've found it so easy to talk to you, that I could really
 184 unburden myself', so I think there is an air about me, that you can talk about
 185 anything now (...) in terms of THEIR sex life, what doesn't, I don't THINK, I'm

186 not aware (laughs) of it EVER come up, is, whether they feel any sexual
187 attraction to me.

188 I: What about you feeling sexual attraction to them?

189 D: Well, I was just going to say, I am, very aware, ummm (...) I've taken this
190 to supervision, a time or two (...) I began to think, wait a minute, I've got some
191 clients, turning up, really quite provocatively dressed, female clients (...)
192 turning up quite provocatively dressed (...) ummm (...) and I've never actually
193 raised it with them, and said, is this, how appropriate is this, the way you're
194 dressing (...) because I've always chosen that, IF it's really important to them,
195 then it will become very obvious, without me trying to set the agenda.

196 I: Right. And how..

197 D: But, I also am aware that at the moment, fashions tend to be, short skirts,
198 low neck lines and things like that.

199 I: But how do you feel about you being in touch with, you know, thinking
200 about how you feel and what's coming across, you know, your
201 countertransference, if it is there, what, if you do find yourself sexually
202 attracted to, to err a client, ummm (...) again, that's what I'm saying, we're all
203 sexual beings..

204 D: Yeah, oh yeah, and err, I certainly do, I've got some clients where I think,
205 having sex with you I'm sure would be really nice, and lucky men out there if
206 they are, and it's, in a sense I have to concentrate harder on them, not as a
207 sexual object, if, what they've got is no sexual relationship.

208 I: Right

209 D: That, that I find harder, is (...) is when, they're sort of wandering round in a
210 sexual wilderness, I'm thinking, yes you're really very attractive, and I could do
211 you a considerable favour, and, you know, I'm not going to let it go any further
212 than that, because it's, I'm in a relationship, I don't need it, but..

213 I: But how do you think THAT, impacts upon the way you are with them,
214 because there is that erotic sense in the room..

215 D: Of awareness.

216 I: Yeah, exactly, so what do you do with that because it sounds, to a certain
217 extent, it sounds as if you just kind of bury it.

218 D: Yeah (...) errr (...) I think I do, I'm extraordinary careful that I watch their
219 face (...) that I don't have a quick, sort of er (...) I've forgotten what the word
220 is (...) a sort of visual grope, there is a word but I can't think of it, yeah so I'm
221 studiously careful not to visual grope them, because I think, for some of them

222 at least, that would mean they were unsafe, because quite a lot of my clients
 223 have had, abusive, sexually abusive experiences.

224 I: Right.

225 D: But have chosen to come and work with a man.

226 I: And how (...) I mean, what occurs to me then is that, that, sometimes
 227 people repeat don't they, and despite the fact they might have had, been
 228 abused by men, ummm (...) you can, imagine that some women would still
 229 come, they've chosen to come to you and they might come still dressed quite
 230 provocatively, and there's that, you know, it would seem..

231 D: Some kind of repetitive compulsion.

232 I: Yeah, how would you feel, about, you've got a woman coming in that's
 233 been abused, she's dressing quite provocatively, you're quite sexually
 234 attracted to her (...) would you just feel you need to avoid that like the plague
 235 because it's dangerous, or would you feel, that actually, maybe there's
 236 something that needs to be spoken of, you know I'm aware, of, of your
 237 experience, and yet you come here, ummm (...) and there's something quite
 238 sexual about you that you bring into the room and I pick up on kind of things
 239 (...) you know, that kind of conversation?

240 D: Mmmmm.

241 I: Do you feel that you could explore the, the incongruence of, of the
 242 situation?

243 D: (...) (...) I haven't (...) and (...) I think of a couple of reasons that are
 244 running at the moment (...) I'm thinking of really contemporary stuff, people
 245 I'm working with now (...) errr (...) and in a sense I need to, because I moved
 246 from (ofc) so, my practice has only really been running for a year (...) eighteen
 247 months, eighteen months is the longest I've seen anybody, down here, so in a
 248 sense they're still relatively young in therapy, but long-term people, and, in
 249 that time (...) my sense was, that if this was a real issue for them, then it WILL
 250 come up and, it will, it will flow out and it won't be smuggled in surreptitiously,
 251 but it will come, and what I don't want to do, is, to frighten people away (...) and I think some of that is, mindful of, I don't know if you know Cashdan's
 252 book, object relations?

253

254 I: No

255 D: Well, he talks about (...) how, unless your timing is absolutely spot on,
 256 confronting peoples projective identifications, well, what they're projecting
 257 onto you, they will just go, that you've got to have a very solid relationship built
 258 with that person, where, they feel safe with you, otherwise, they'll be off,

259 which, whatever form, whether it's ingratiation, whether it's sexuality, that, that
260 they're projecting onto you and saying, demonstrating this is how they relate,
261 and I, and I do think about this quite a lot, ummm (...) to try and make sense
262 of what's happening to my clients (...) and I've come to the conclusion that, in
263 the last eighteen months, nobody has explicitly, in a sense, been having a
264 sexual relationship with me, that was unspoken, unacknowledged, so I haven't
265 felt the need to bring it up.

266 I: Right

267 D: And I've felt, that if I did it would be too soon, yet

268 I: Right, ok

269 D: And it's confused by the fact that women's fashions at the moment are (...)
270 are very sexual

271 I: But, but if they're all talking about sex a lot..

272 D: In terms of, rather revealing

273 I: Yeah, yeah (...) if they're talking about sex a lot, because seems what
274 you're saying is they're all coming in and talking about sex

275 D: Mmmmm

276 I: Do you think it's appropriate (...) see it strikes me, if someone's coming
277 in, they're dressing quite provocatively, talking about sex, it MAY be
278 appropriate to say, you know, I wonder if you would like me to find you
279 sexually attractive, things like that. Do you think THAT is too confronting?

280 D: Errr (...) I have felt that for me, yeah (...) so that is something about me,
281 staying out of that area, yeah

282 I: It feels, from what you're saying, that it's uncomfortable for you, ummmm
283 (...) to talk about the erotic, or, to look for it, I mean it sounds like what you're
284 saying, and, forgive me if I'm wrong, but it sounds like what you're saying is
285 that, if it's there, eventually it will knock very hard on the door.

286 D: Yep

287 I: But if it doesn't knock very hard on the door, then I'm not going to open the
288 doors and see if it's there.

289 D: If it's my sense that it's an important issue, that it's a big fat elephant,
290 sitting in the room, unmentioned, yes, then I, then I would, but I haven't and I
291 don't feel that any of my clients at the moment..

292 I: But would you still, would you still, have them eventually bring the elephant
293 in the room, or, or expose the elephant that's in the room?

294 D: Well, well, it would become so blatant..

295 I: But would it be you that thinks, right, it's blatant enough now, I say it, or
296 would you still, wait for them to..

297 D: Well, maybe, maybe I'll say a bit more about some of the cases I've got in
298 mind, some of the clients I've got in mind, some of them have been short-term
299 (...) ermmm (...) I've had two short-term clients, three short-term clients, who
300 were into internet porn, and that appeared to be the way that they were
301 coping with their stress and there were reasons in their childhood why they
302 would find that a relief.

303 I: Right.

304 D: So, they're gone in six weeks, errr, six sessions, let me think of the long-
305 term people I've got (...) I can think of another short term person (...) I can
306 think of another three short-term women, where they've felt their sense of self-
307 worth, was tied up completely in how sexually attractive they were, and how
308 sexually attractive their partners found them.

309 I: Right.

310 D: And what, what, that was essentially couples work, although sometimes it
311 was only one person coming, but again it was only six sessions, so when I
312 say, it keeps on coming up, a lot of it is short-term work, but it does include my
313 long-term people.

314 I: But are you, are you then saying there, that you're, for you, erotic kind of
315 work erotic ummm (...) transference, countertransference, whatever you want
316 to call it ummm (...) would only be appropriate to explore in a longer-term
317 therapeutic relationship?

318 D: Yeah. Yeah, I don't think (...) because it (...) that would be, that would be
319 essentially long-term work, if, if it manifested itself within, within ummm (...) I
320 suppose when I think about it, a lot of the short-term people that I'm seeing at
321 the moment, and I see, I don't know, two or three a week, there would be half
322 a dozen sessions, each time (...) is essentially relationship work, it's couples
323 work, and, everybody's swamped with this, I asked the agency that I work for
324 and I said 'are you swamped with marital and relational things?' and they said
325 'now you mention it, yeah' RELATE are saying they're swamped as well.

326 I: The recession, no money so the stress is up!

327 D: Well, it isn't necessarily money, I've seen three merchant bankers (laughs)
328 who are not short of money, err, employed merchant bankers, who are not

329 short of money (...) and, some of the other, some of the long-term people,
330 sexuality has been an issue, but it's been an issue within their relationship.
331 One had a depressed husband for instance, where (...) he was relating to her
332 in a way that made her feel really uncomfortable (...) so quite a lot of that work
333 was about looking at what anti-depressants do to peoples sexual behaviour
334 and was about information, and that the long-term work was, was about her
335 neglect as a child, which was not sexual, but, there was this thing about
336 people seem freer to talk about the sexual dimensions of their lives than they
337 used to, and I'd rather assume that that was, I'd got to the age where I was
338 safe.

339 I: See, now I find that really interesting because I find that that speaks
340 volumes about kind of where you're coming from, and your feelings towards
341 the erotic, and in all of this, it's important to stress that I'm just looking at, my
342 interest is in, in the erotic and the experiences of therapists working with it, do
343 they, don't they, if they do why and what about that, and if they don't, it's, it's
344 not to make a judgement and I'm not in the camp of you should and because
345 you're, you know I'm not sitting here thinking 'for God's sake man, talk about
346 it' you know, I'm trying to look at, I'm interested in why people do or don't, and
347 so, none of this is a judgement, but what interests me when you said that
348 about, it's kind of...well, why? What if actually some of these people do find
349 you attractive, what is it for you, is it easier for you as a therapist to just
350 assume, or just believe, does that, does that in some way kind of protect you
351 from it, if you can believe that, they're not interested in me sexually, they're
352 not talking about sex because there's anything, any desire for me, it's all just
353 because I'm too old and past it, so I'm not sexual, and that, saying that, I think
354 you did say something very similar, saying that just removes you doesn't it.
355 I'm no longer sexual so that takes me out of the equation, and by doing that,
356 does that make you safe? For you, I know that you're saying for them it
357 makes you safe, but for you, does it make you safe do you think?

358 D: Well, no because I don't feel at risk..

359 I: But, maybe not at risk, but what about comfort? Is it easier for you to think
360 'oh they're just talking to me because, I'm benign' or, would it be
361 uncomfortable for you to contemplate, that they might be trying to flash their
362 breasts at you, to provoke you, to seduce you, to be attractive to (...) I mean
363 potentially, to be attractive to Daddy kind of thing if we do consider the age,
364 then potentially, you know, they may all be trying to finally be attractive to their
365 own father kind of thing, through you. So it could all be very much about you,
366 couldn't it really?

367 D: Indeed, yeah, now, I think you're right (...) and I don't think I've got my
368 head round that, at all (...) ummmm (...) despite having quite a hard think
369 about it, at various times.

370 I: And what do you think that's about? Your training, and lack of something,
371 or do you think that's who you are and where you've grown up, your biography
372 kind of thing, is it about your biographical background?

373 D: I think it's probably both (...) I think it's both, I grew up in an asexual
374 household, it was a non-topic, in an AGE when it was a non-topic (...) when I
375 was a student, you had to be married to get the pill, it's, that long ago, ummm
376 (...) so I grew up in ummm (...) in a very straight-laced society, as Britain was
377 at that time, ummm (...) and, as I say, it was a topic that didn't come up in my
378 training, so I think at some level, there was almost a subliminal message that,
379 this isn't a key (...) a key strand of what might happen in the therapy room (...) in the therapeutic relationship (...) (...) (...) and I (...) my head thinks, I'd be
381 fine to talk about it, that somebody found me sexually attractive (...) but I am
382 aware that, it, that, I don't raise it, and I've sat with a number of therapeutic
383 relationships, in a sense thinking, are people getting to the line, where there's
384 some sort of point where I say this is, or I say to myself, or I find a nice way to
385 say this is getting SO blatant that there is something going on about the
386 interaction between you and me, that can't be not talked about any longer.
387 And my sense is all (...) has always been, that nobody has ever got to the line
388 and thus, I'd rather thought, that, we're back to my sense of, if it's really
389 important to them, if it's central to what is happening in the relationship, or
390 becomes, very important, then, they will, obviously get to some line where I
391 can see that, even I as it were, can see, this IS an issue, it isn't that we're just
392 talking about their sex life outside or their partner or boyfriends or whatever.

393 I: The question for me that arises there is, who sets the line? Obviously it's
394 yourself, and do you move the line?

395 D: I don't think I move the line at all, and I, I have a, quite a sense of it there,
396 but it may well be that, that..

397 I: Just in as much as that it sounds a little bit like, 'and they've never quite got
398 to the line – thank God!'

399 D: (laughs) Err, they, they've never got to the line, but I was just thinking, one
400 of the things that may be going on is that I've drawn the line such a long way
401 sort of INTO the erotic, that they, they get the message 'hey this is not a place
402 where I can actually go', so they, they back off at that point.

403 I: Absolutely, it does sound a little bit like they would have to be hitching up
404 their skirt and ready to pull down there knickers before they'd hit the line.

405 D: They'd have to, they'd have to be, fairly, fairly blatant!

406 (both laugh)

407 D: And continuously so...

408 I: Right

409 D: And, and in a sense, ummm (...) yes it, it, I think, probably the line I've got
 410 is that it would have to be very blatant or I'd say this is clearly more important
 411 than some of the stuff whilst you go round, whilst you tread water, whilst you..

412 I: And what do you think that's about, because that to me speaks of, the fact
 413 that it's so blatant, makes you safe in bringing it up, because (...) it's kind of,
 414 without actually, being able to see inside their brain kind of thing, you're as
 415 sure as you can be, so it's, in terms of risk, of bringing something up that may,
 416 may be received in kind of (...) I mean I, I've worked with clients and, and I've
 417 sat there and thought, it just feels like, you know, there's something, their a bit
 418 flirtatious and ummm (...) not, not necessarily sexually, it's kind of like, they
 419 just want to convey something, and I just seem really important to this person
 420 (...) and, and I've then said, something like, you know, 'it seems like, maybe
 421 I'm becoming increasingly important to you, maybe you're developing feelings
 422 for me', and I can remember the first few times of saying something like that,
 423 and just feeling like I was dropping a bomb, and just thinking , 'I can't believe
 424 I'm going to say it' and then saying it, and squirming and just feeling awful...

425 D: Will we both survive?

426 I: Yeah, and, and then, the, the one I'm thinking of, just went 'yeah, I think
 427 you're right', and I'm kind of like 'ok' (laughs) you know, so it's that, that kind
 428 of feeling of, you know is it, if it's so blatant then it's kind of just risk wise, then
 429 you just feel, and maybe you don't know because like you say you haven't got
 430 to that line for you, but is it, that in mentioning something sooner, you feel like
 431 you might make a fool of yourself or something, or (...) you might (...) risk
 432 offending them, or (...) or something?

433 D: Well (...) there is an element of that, and that, that they might, sort of, I
 434 might make a fool of myself, ummm (...) there's also an element of, IF I
 435 misjudge it (...) it's interesting why I don't apply the same rule to other aspects
 436 but, maybe we'll come to that, but, IF I've misjudged it, their experience is
 437 'you've missed me completely, where is your attention?' you know, 'haven't
 438 you heard what I've been saying all these weeks, what, what (...) haven't you
 439 seen the body language and so on, which says, what is really important to me,
 440 is other stuff' (...) so I think there's an element of that, that, if I got it wrong,
 441 drastically, there would be an element of 'why should I trust someone who has
 442 SO missed me?'

443 I: And as you say, you don't necessarily apply that rule, or to the same depth,
 444 is it something about..

445 D: There is the emotion about 'why do I keep coming to a bloke that doesn't
 446 realise that I've got the hots for him or...' to put it in that sense.

447 I: But also, what I thought..

448 D: That would be missing..

449 I: What I thought you were saying as well is, ummm (...) in other areas, if
 450 someone was talking about something else, something totally unrelated to sex
 451 or whatever, would you be, do they have to get to the line on everything with
 452 you, or is it, is it the erotic and sexual stuff, that it has to be blatant?

453 D: I, I, I think it's that, yes, other things I will pick up little bits and pieces.

454 I: And feel more willing and feel more ready to just tentatively..

455 D: And say, 'what's that about?' yes.

456 I: Offer something.

457 D: Yeah (...) to sort of, to take a (...) punt at something.

458 I: Yeah, and I think it's quite normal in therapy isn't it, to, to offer something, I
 459 think, that's the important thing like you know, with psychoanalysis and stuff it
 460 sometimes can be a little bit you know, 'oh that's my interpretation, and I'm
 461 right', whereas I think the important thing quite often is to offer something and
 462 if someone completely rejects it, you know, sometimes maybe they are just
 463 rejecting it because they're defending, but sometimes they're not.

464 D: Sometimes you've got it wrong and sometimes you've got it right and
 465 they're not ready yet.

466 I: Absolutely, but it's quite common, to, offer stuff isn't it.

467 D: Yeah, and I do, and that's what I realise, and, and I think I wait a lot longer
 468 (...) have certainly waited a lot longer.

469 I: Right (...) and yet, it seems what's coming up for us, from this interview (...)
 470 perhaps your level of discomfort and ummm (...) lack of confidence working
 471 with sexuality and the erotic, and yet (...) you responded to my research.
 472 Why do you think that is, or do you think it's because of that?

473 D: I, I, I responded because of how sexualised a lot of the work that I'm doing
 474 at the moment is (...) and I wasn't sure, whether you were talking about
 475 sexuality or the eroticism of, of the relationship.

476 I: Mmmm, well, I am talking, my interest stemmed from sexuality, my interest
 477 stemmed from ummm, Freud's thing about that we're all polymorphous and
 478 perverse and in thinking (...) potentially then, we've all got sexuality to be
 479 explored, we're all on a spectrum, we all, you know, but how many clients
 480 come in, totally closed down by society and believing 'I'm heterosexual',
 481 cannot entertain thoughts of any homosexual idea, denying themselves that,

482 how are they ever going to be able to be facilitated to be able to be opened up
483 to that, ummm (...) if the therapists themselves are, and that started me
484 thinking, I wonder how much peoples exploration of sexuality, and ability for
485 any of that to emerge in therapy, is, reliant, upon the therapist themselves,
486 being open to that kind of idea and stuff, it then, in terms of you know, sorting
487 out a question through the supervisor and stuff at university, it then got very
488 much ummm (...) moulded into erotic transference, countertransference.

489 D: Of which there is a big literature.

490 I: About? Erotic transference / counter, yeah, yeah, well very much from the
491 psychoanalytic perspective. But really in a way..

492 D: I suspect a much smaller literature about your initial starting point

493 I: Which?

494 D: Which was about how being available to explore peoples sexuality and
495 sexual preferences with a therapist who might be inhibited into going into any
496 of those sorts of places with their client, being able to talk about them, I don't
497 have any trouble in that respect, having worked with people with (...) everywhere on the spectrum and friends who've shifted their place on it, quite appreciably.

500 I: Mmmm (...) yeah I mean, the erotic does (...) that's why I was pleased that
501 you responded as a Gestalt therapist and other people because, what I
502 thought I didn't want, is a load of psychoanalysts, that, that are constantly
503 talking about sex and all the literature is erotic transference /
504 countertransference, it's all coming out from that stable kind of thing as it
505 were, and I was thinking what, what is it about the other approaches, the other
506 modalities, can it not be spoken about ummmm (...) or and certainly in search
507 terms, putting in the word erotic, is erotic just too strong a term, do people shy
508 away from it? Is it taboo, you know taboo or not taboo, that is the question?

509 D: (laughs)

510 I: I think there's a book called that, ummm (...) yeah so, you know can this be
511 spoken of, and the other thing is, what about transgressing boundaries, are
512 therapists so, in an increasingly, ummm (...) society of litigation and stuff, are
513 therapists worried about transgressing boundaries, professionally it's never
514 acceptable to get involved with a client, but does that mean, it precludes us..

515 D: It certainly happens.

516 I: Of course it does, but, but does it also scare people off from going there?

517 D: Preclude us from going to the hinterland, of talking about it.

518 I: With our boundaries, you know we can, we can make sure we don't cross
519 the line, but that doesn't mean we don't have to talk about it, but is it
520 preventing therapists from talking about it, is it, are people thinking, better not
521 go there because could get myself into hot water?

522 D: (...) I think they are (...) I'm just thinking of, having talked to my supervisor,
523 err recently about some of this stuff (...) and his view was very much, be very,
524 very, careful (...) that somebody, that you don't put yourself in a position
525 where somebody pursues you of a claim of professional (...) whatever the
526 term is..

527 I: Misconduct.

528 D: Misconduct (...) I think there is a fair obsession now because there are
529 people who are making fat living out of pursuing therapists through the courts,
530 err, I even know one, a solicitor, where professional misconduct is where he
531 makes a very fat living.

532 I: Right, so he's actually trying to find it.

533 D: And you like me, doubtless have the most amazing amount of insurance
534 cover against people claiming, 5 million quid mine. I think people are quite
535 worried now and standards used to be much more lax and I still hear cases of
536 people who, just quite blatantly (...) sexually exploit their clients.

537 I: Yeah, but that's the thing isn't it, we're sexual beings and ummm (...) the
538 sexual drive is a huge thing within all of us, and, and if we're all so scared of
539 mentioning it, then how much do we, do we do our clients a disservice by
540 ruling it out.

541 D: Yeah

542 I: That huge elements of people, huge parts of people..

543 D: Oh, I, I think there is, and, and, I think you've probably put your finger on
544 something with me, it's a scary place to go because it could blow up, like am I
545 going to voluntarily walk into what my peers might describe as a minefield,
546 replete with people who, might want to take me for professional misconduct, I
547 certainly do not want to go there. I'm also reminded of, I've reminded myself,
548 that err (...) I was a (ofc) but that was my background, and I imagine that's
549 been somewhat influential.

550 I: Just something I'm picking up on from your comments about supervision, is
551 that, what some people have said to me, and what seems to be kind of
552 common sort of thing of thinking is that supervision is extremely important and
553 that, working with the erotic is important and that therefore, you know, when
554 you are working with it, if there's any doubts, then you take it to supervision,

555 blah blah blah. Something that kind of made me think ooh there, is if your
556 supervisor is saying, be very, very careful it's almost like a minefield, their kind
557 of saying don't go there, if you were to go there in terms of exploring some
558 erotic transference or whatever, and you pick up on that, how then, how does
559 that leave you with your supervisor, do you feel that you can take anything to
560 supervision, and do you think that some of these things happen because
561 people don't, you know, they get, something's going on, they sense
562 something, and yet they don't feel confident enough to take it to supervision,
563 they don't feel able to say 'look, I'm just picking up on something here, there's
564 something really sexualised going on in the room between us to, you know I'm
565 not sure what it is, but it is definitely there.' You know, before they've acted
566 upon anything, if they were able to speak up at that point, would that have
567 helped people not transgress boundaries?

568 D: I, I, I wonder whether there's ummm (...) whether it's part of the whole
569 milieu, because, certainly my experience of taking, I've been to workshops
570 about erotic transference and what not, I mean it's not that it's been a non-
571 topic professionally, you know continuing professional development
572 workshops, I've been to two or three about it I think, but then I've been to two
573 or three about everything under the sun so, but it's not been missed, but err,
574 when I have taken it to supervision, about what is going on sexually here,
575 because I think something is potentially going on here, it, it, it, ummmm (...) my
576 recollection, I didn't expect to think about this so I've not trawled through
577 the memory banks, is that, somehow the conversation got cut short really
578 quite quickly.

579 I: Right.

580 D: You've said more than any of my supervisors have. It's almost like it's an
581 area that they don't want to go as well, and I've had some very good
582 supervisors but, maybe, they were a bit like me, old school, which sort of said,
583 dangerous place to go, stay out of it, it might blow up in your face, I mean I
584 actually tape every session, and I say to clients when I'm going to, when they
585 start, I say I tape, and that's for both of us, so there's a record of what
586 happens, so that we can both feel safe.

587 I: Mmmmm, (...) and how does that go down? Taping. Are they alright with
588 that or..?

589 D: Fine.

590 I: So, so, it's interesting isn't it, because it all seems to be stacking up, your
591 background, your biographical kind of, your upbringing, the training, the
592 supervision, everything, has kind of led towards, don't speak about it and if we
593 speak about it lets do it very quickly and forget we ever spoke about it, that
594 kind of thing and ummmm..

595 D: And or be phenomenally careful and only when, it really is, the elephant in
596 the room.

597 I: Right (...) interesting (...) so (...) to, to sum up, a lot of it is about fear, a lot
598 of it is about fear of (...) being taken the wrong way.

599 D: Yes, yeah, I think that's a fair and appropriate, brief summary.

600 I: Right.

601 D: And, and (...) and it isn't just about age, I think age is probably my
602 justification now, but I never saw myself as sexually desirable, for a long time
603 (...) err, so in a sense, that was printed right through me like a stick of
604 Blackpool rock (...) and it took a very long time before I could begin to see
605 that that might be me, and then, it was much more about, that I could be
606 sexual, rather than that I was sexually attractive.

607 I: Right.

608 D: Like if I was the (...) err (...) if I was the active person, then I could be a
609 source of sexual pleasure to someone, but the notion that they might get
610 sexual pleasure from passive me, as it were, from the essence of me rather
611 than what I did, was a notion that took a very long time to arrive with me, and,
612 maybe that's some of why I don't anticipate, or expect, or particularly look for,
613 people finding me sexually attractive.

614 I: Right, so it's something about your own core beliefs about how..

615 D: Yeah, about how I am.

616 I: Again which explains why it's so easy to say, it's not about sex.

617 D: It didn't happen for fifty years before I was a therapist, why would it now
618 start happening, and I know that's binkham because I know the nature of the
619 relationship, therapeutic relationship is extraordinary and special and like no
620 other that most people ever have.

621 I: Absolutely, and a lot of relationships are like that, even on a smaller scale,
622 you know, vicar ummm (...) parishioner, doctor, patient..

623 D: Oh yeah, teacher.

624 I: Yeah, teacher, student, it can be very, very powerful (...) ummm.

625 D: And the basis of that is that there is an asymmetry in power (...) and that,
626 to enact it, is to be abusive, to take advantage of somebody with less power,
627 even if they've given you all that power.

628 I: Absolutely. But also, a lot, a lot of what's written about, in terms of erotic in
629 therapy is that it's all kind of, that it isn't about you, I mean Freud was, you
630 know, able to recognise that all these patients falling for him, it wasn't about
631 his, you know, stunning kind of..

632 D: Good looks and beautiful body.

633 I: Good looks, and beautiful body, you know he recognised that it was about
634 the relationship and the strength of what's going on and the..

635 D: The role he played.

636 I: Transference, and things like that, umm (...) but that seems to me to make
637 it all the more important, to realise that this could be going on, for a lot of
638 them, and have nothing to do with how you perceive yourself to look, or your
639 age or not, you know.

640 D: Yeah, yeah, yeah, oh indeed.

641 I: But I think, that said, about your own core beliefs about yourself and the
642 fear, it does then start to make sense as to why it's easier just to be like 'oh
643 well, you know, it's not about sex with me it's just safe and you know...'

644 D: And it's core belief, and the whole business of being professional, as an
645 academic, as a clergyman, as a whatever.

646 I: Mmm, absolutely, but, I just think for me, and, and, maybe it won't go that
647 way, or maybe it will, in terms of all this litigation stuff, but for me it just feels
648 like, as long as the boundaries are there, as long as we work within the frame,
649 then you know, therapy should be about anything goes, in terms of,
650 discussion.

651 D: Oh yeah, and I do believe that, but I obviously don't enact it quite as
652 evenly right across the spectrum (laughs).

653 I: Yeah (...) yeah (...) and that's interesting, and that, and that's kind of my
654 sense, is that, actually some people out there may be very comfortable with it
655 but other therapists may be very uncomfortable with it, and anywhere in-
656 between, again talking about a spectrum and, and, what does that mean to
657 clients, you now depending on who they go and see, how able are they to
658 explore those sides of themselves and yeah, like I say, originally, thinking
659 about sexuality, how able is someone to be freed from their, societies box,
660 errr, you know, stamped with their label, and, and where they're frightened to
661 be anything but, for fear that, you know, that it's all or nothing, that if they
662 dared to feel anything this way, they'd end up on that end of the spectrum and
663 couldn't come back kind of thing.

664 D: (...) For what it's worth, my sense is, that people feel a great deal more
665 freedom to let what happens happen. Thinking of one of my friends who was
666 a married woman with children, and just, because she wanted some sort of
667 interest or activity outside the marriage, which wasn't all it might be, but she
668 just thought, I've married the wrong bloke, but it's not so disastrous that I'm
669 going to break up the marriage, started going with an all woman's walking club
670 and said that I just found that I was immediately drawn to this particular
671 woman and (...) it just felt so right and so natural and I, I have a number of
672 friends who've done similar sorts of things, so in my experience, people are
673 quite free to move (...) or, or feel quite free to move, and don't feel like
674 society, erm, condemns them.

675 I: Right.

676 D: Ummm (...) wait a moment (...) I think those are all heterosexuals who
677 have moved over, into becoming..

678 I: And do you feel like that's more recent? Obviously times have changed
679 and society is much more accepting of..

680 D: Well, well, I don't think they are of homosexuality, and it's quite noticeable
681 that quite a number of the homosexual guys that I've worked with (...) are
682 quite homophobic, you know, and say that it is not a life choice that you would
683 want to make if you've got ANY choice in the matter at all, and they still feel
684 very unsafe (...) physically in society (...) like 'there's no way I'm going to walk
685 holding my partners hand in the street' even in London.

686 I: Absolutely. But at the same time it has changed, a lot hasn't it.

687 D: Oh, I think there HAS been a shift, but I think there's still a big enough
688 margin of people that (...) you've got to be quite brave, to come out (...) it's
689 probably easier for women.

690 I: Is there anything else, having responded to the research, and again, very
691 thankful that you did, is there anything that you thought of, that you wanted to
692 bring up that you felt was relevant that you haven't had the opportunity to?

693 D: (...) (...) I don't think so, no I don't think so (...) I guess I'm slightly curious
694 about, society SEEMS to be more sexualised now, people, it seems it's easier
695 for people to talk about now than it used to be and I don't think peoples
696 behaviour is particularly different, it's just, the breakdown of marriage has,
697 has, or the high percentages of marriages that breakdown, has made it much
698 more accessible and acceptable that people are adulteress, to use the old
699 phrase, and that they have the right to a vivid and good sexual life and that
700 they will quit on a relationship which doesn't provide that. I heard somebody
701 on the radio today that said in the fifties only 2 marriages in a thousand ended
702 in divorce, and now it's..

703 I: Only two in a thousand don't!!

704 (both laugh)

705 D: I don't think it's that bad but I think its in excess of 50%, marriages that
706 don't last until the death of one of the partners, so there's been a huge shift.

707 I: But also I think there's this pursuit of happiness kind of attitude and, ummm
708 (...) we can't, people can't be unhappy and have unhappy periods and things,
709 it's all about, got to be happy, got to be happy, got to be fulfilled, got to have
710 everything.

711 D: I've certainly not come across before, until very recently, young women
712 saying, being sexually desirable is so important to my sense of being a
713 woman that I am not going to stay with a bloke that says not tonight darling,
714 and I've had three in the last six months that have more or less said that. It is
715 SO important to me as a woman that I be sexually desirable, and that means
716 (...) being sexual with a man, that I'm not prepared to stay in a relationship
717 where it doesn't work like that, and I've not come across that before.

718 I: Mmmm (...) and I think it's interesting, you know, talking about your (...)
719 discomfort, inability, whatever, to go there with clients about the erotic and
720 stuff, these women, that want to be sexually desirable to a man, are coming to
721 a male therapist, because in some ways, you'd think, that they go with one of
722 the girls and have a bitch.

723 D: Yeah (laughs), which I find, slightly surprising, err, and sometimes they
724 say 'oh I don't think I can tell you' and then they'll say 'I can't believe I've just
725 told you all of this' and often it's 'I've told nobody else, I haven't told my
726 girlfriends this much', and often they will say 'my experience of men is not
727 safe, and I've come to you partly to see if I can find, have an experience of a
728 safe man to be with, which may also feed into my, my, be very careful.

729 I: Yeah, yeah, and you can see how it is, and I am sure that there are some
730 that you need to be very careful with and it's hard to know who the ones are
731 and not but, maybe, we're just too..

732 D: Too wary.

733 I: Yeah, too busy looking the other way.

734 D: We short change our clients, or, I short change my clients.

735 I: Yeah, potentially, but certainly not just you and you know, I'm kind of very
736 interested in it, but aware, aware that it's something that's there, so I don't
737 think it is just as simple and straightforward and it is a difficulty, but, at the
738 same time, it just feels like, at base, animalistic levels, we, you know we eat
739 and pro-create kind of thing, you know, if you go back to those kind of basics

740 (...) and SO the sexual drives are huge, a huge part of all of us kind of our
741 lives, is very largely driven by attraction and finding a mate and..

742 D: And that's what people tell me now, the clients that turn up.

743 I: Absolutely so to not go there and to not explore what could lead to that
744 understanding (...) of course it's all, kind of microscopic in the therapy
745 relationship, but it is all about outside, so if you don't do it with the client, and if
746 they can't have sex with you, then how can they go out there and have sex,
747 and I'm talking in words obviously, but if they can't come here, and explore the
748 erotic with you, then for some..

749 D: Yeah and explore being erotic with me and not just happy to talk about it,
750 because they're very happy to talk about it (...) I'm just thinking about you
751 asking about clients being happy about being recorded. I have had two
752 clients who have said 'you're going to have to turn that thing off before I tell
753 you the next thing' and one who said 'I cannot tell you what happened in a
754 building', so we went out and walked on the Derbyshire moors for an hour
755 while she told me what she thought was absolutely terrible and (...) I didn't
756 say 'is that all!!' (laughs)

757 I: You thought it (laughs)

758 D: I thought it yeah (...) Roman Catholic priest, housekeeper, surprise,
759 surprise. She'd had a sexual relationship with him, oh deary, what a surprise!

760 I: Yeah. It would be huge for her.

761 D: Oh yeah, it was absolutely massive and there was no way she was going
762 to do it where anybody could have a tumbler to the wall of the adjoining flat or
763 anything else.

764 I: Ok, so we need to finish, are you happy that you've had the opportunity to..

765 D: Yeah, yeah I'm fine.

1 **Study Two: Participant L Interview**

2 *I = Interviewer L = Participant*

3

4 I: If you could start, by telling me about your experience of engaging with
5 erotic material, emerging within the therapeutic relationship, within your
6 practice.

7 L: So thinking of client work for the moment?

8 I: Yeah, your experience of...

9 L: Well I guess, there's a client comes to mind that I saw...ohhh fifteen years
10 or so ago now, male client, who I worked with for five years or so and, almost
11 from the first session, he was bringing...hints around, sexual content in terms
12 of what he, wanted me to engage in with him. So he was, he was actually
13 promoting, erotic material. But more in, trying to pull me in to his world, in a
14 sense, it was a, a, it was a very, difficult, relationship to handle, because it
15 was very, felt very controlling. That I was required to play a part in his sort of
16 fantasy world in all sorts of different ways, and there was always a sexual,
17 content to that, and what he, how he saw me and what he was projecting onto
18 me.

19 I: Ok. Can you say, you said it was very difficult, ummm, can you say how it
20 made you feel because...

21 L: It made me feel uncomfortable, and not because he wasn't direct and
22 because we were, all the time we were working with it, I was very fortunate in
23 my supervision at the time. But it made me feel very depersonalised, I think
24 that was the thing that came across, the strongest in THAT particular
25 relationship. Ummm, I felt used, ummm, and that he was getting some kick
26 out of that fact, of making me feel helpless, and, quite vulnerable at times. He
27 would, note what I was wearing, he would make remarks about my
28 appearance, he would be quite personal about some of his comments or how i
29 presented at the time. So I felt like, I felt scrutinised, but with a sexual,
30 element, that was more about control, really than anything else.

31 I: Right. So something unpleasant and, maybe sort of dark, sinister?

32 L: Yes, ummm, quite powerful actually. Sort of, if I'm thinking of it in terms of
33 symbols there was a sort of trickster, magician like, element to him. He was
34 very manipulative with women and he used women in lots, so it wasn't just
35 me, but, in his marriage, his daughters, ummm, in most of the relationships he
36 described. He was in fact ummm, errr, he was in his forties, but as a child
37 he'd been, he'd had polio and was in an iron lung for quite some time and in,

38 in an isolation ward, in the hospital, and his memories, back then were, quite
39 pertinent I think, to the, the subject. There was a lot of ummm, sado-
40 masochistic kind of, qualities, to the sexual material.

41 I: Mmmhmm, and how did you...how did work with it? How did you feel about
42 working with it? Did you, did you work with it?

43 L: We worked with it all the time because really, I had no option, you know, it
44 was, it was NOT hidden, ummm, and it was, it was all the time, I think getting
45 myself into position where I was not going to get wrong footed by him, so I, I
46 would acknowledge and bring it, bring it in, almost before it happened. So that
47 I felt then more prepared, to, either interpret or to handle what came back
48 from him. So I would be quite open, sometimes more than I was comfortable,
49 with, in terms of what I thought was going on in the fantasies he had, mixed
50 up in wanting to be breast fed by me and all sorts of things like that. So,
51 ummm...

52 I: So really quite erotic stuff.

53 L: Yeah, yeah. I mean that client out of everybody I've worked with, ummm,
54 is the one that comes to mind, as the most challenging I think.

55 I: Ok, and given that it was challenging, ummm, and difficult, but you did work
56 with it, how DID you work with it? How did you manage to stay with it? What
57 helped you?

58 L: I think, I think, the supervision that I had at the time, ummm, was quite
59 psychoanalytic, and, I think that I was helped in that, in terms of, finding ways
60 of using interpretation that felt quite empowering for myself. So I didn't get too
61 caught up in being personally that part of his story, I could, I could stay
62 professional if you like, in the session. And I think I found that, that it, it
63 provided me with a safe place to work with, and, it, it set a boundary, for me.
64 So I think it was the, it was a quite a strict analytic mode that I stayed, more
65 than I would normally have done in, in other, client situations, but with HIM, it
66 felt really quite important to make, a very firm boundary around it. To be
67 open but have the firm boundary around interpreting, some of his behaviour
68 and what I felt he need, from using that particular way of operating.

69 I: Ok. So it was, boundaries, that, enabled you, obviously you know in the
70 sense of boundaries is about containment isn't it, so it contains, the work for
71 you, so that, that it kept the work safe, but it kept you safe as well.

72 L: Absolutley, yeah, yeah. It kept me safe. That was very important, ummm,
73 both with my, err, individual supervision, but in the group, my supervision
74 group as well, ummm, where people, came forward sometimes quite angrily
75 on behalf of me, that was helpful because I, there were things I wasn't always
76 in touch with, because I was so concentrated on trying to hold my own, in the

77 sessions. So the group held various elements as well, that, backed me, and,
78 made me feel I could, survive him really.

79 I: Ok. But, with regard to supervision, be it individual or group, ummm, with
80 that client, did you, are you saying that you felt, perfectly able and encouraged
81 to bring the material?

82 L: To the group and to? Oh yes, yes.

83 I: To speak of it. There wasn't any element of "what's going on here? I can't
84 speak of it."

85 L: Because it was the main, ummm, focus I guess. There wouldn't have been
86 much else to have brought, in that particular case, because that was him
87 ummm sort of presenting, area that he wanted to work with, his relationships
88 and his relationship with intimacy, were all around sexual energy. So, yes, in
89 that setting, ummm, there was not a problem for me in taking the material. I
90 think where I felt more, the, there, there were more problematic areas, funnily
91 enough, was being, errr, from me being a client, in situations where I felt, I
92 couldn't openly disclose what I felt, to my therapist, you know in that area,
93 where I felt they were uncomfortable with me, male or female, you know in my
94 years of being in therapy, there was more feeling of "this a hot potato, what do
95 I do with it? And there's nowhere to take it to because, if I can't take it to my
96 therapist, where else do I take it?" That, I found, I think, probably more
97 challenging than anything else.

98 I: Right, that was something, you're talking about something for you that was
99 erotic in nature? Because I mean I guess, this is the whole crux of my thing,
100 is, IS that, you know, how do therapists work with it and if they don't work with
101 it or can't work with it, then how are they short-changing their clients?

102 L: Mmm, yeah, absolutely. There was, on one occasion I was told, ummm, it
103 got translated into sort of transpersonal, spiritual terms, so that it was all about
104 the magical, mystical union of masculine and feminine, so that got neatly
105 removed out there somewhere, which was complete gobbley-gook to me at
106 the time. Ummm, one male client I worked with for errr, therapist who, kind of
107 got round it by being quite jokey, and that didn't help either. So, it was as if I
108 wasn't really being taken seriously. And I think the shame entered it
109 somewhere along the long, that this, you know, I didn't understand what was
110 going on or why it was happening, and, it became increasingly difficult then for
111 me to talk about, "why is it I feel these quite powerful feelings?" And I'm
112 happily married, with you know, three kids and all the rest of it, so it, it
113 became, a TABOO, for me I think, that i felt I just, didn't have anywhere to
114 take it.

115 I: The title of my research is 'The erotic: taboo or not taboo', so, I think you
116 know that's definitely speaking a lot of where I'm coming from and the, the
117 issue that I feel is there, so it's confirming that, ummm.....

118 L: And in training, we talked quite happily in our training about, how we deal
119 with client's, who might stir things for us or, or might be stirred by us, but, but
120 we talked, I don't remember us EVER talking about our own therapy
121 experiences, and what it felt for us as clients, therapists as clients, when we
122 felt these things. Extraordinary really, when I think back on it how that's, that
123 was never touched on at all.

124 I: Ok, and just to go back to what you were saying about yourself as a client,
125 ummm, it sounds like, you're saying something along the lines that it was
126 quite, negative and, almost damaging for you, because, because you couldn't,
127 you couldn't bring it, you then, had to, ummm, wonder about what that was
128 about, by yourself and then it sounds like it started to become negative that
129 "what's wrong with me?"

130 L: Yes, absolutely. The very first therapy I ever had, when I was, thirty, and
131 in a very vulnerable position. It was a woman therapist, ummm, who took,
132 who really related to me I think as the daughter she'd never had, and, there
133 were a lot of erotic elements around, that broke boundaries, coming from her
134 towards me, and in the end, after five years, I got myself out of that therapy,
135 but, she wouldn't work with it at all. So she was furious when I left, and, I then
136 ended up in therapy with somebody else in order to try and resolve the
137 therapy I'd been in. So that was ummm, that was a lesson, and a half, so she
138 was, she would have been struck off, without a doubt, now, this was back in
139 the, about nineteen eight, gosh no, about nineteen seventy-eight. So, and un,
140 an unqualified therapist, although she was, done all sorts of alternative KINDS
141 of trainings, but she was not a registered therapist. She was a very
142 charismatic woman, twenty years older than me. I was very needy, very
143 vulnerable, and I was a sitting duck basically. So, ummm, that was not a
144 good experience, although it was a, certainly a learning one.

145 I: Ok. Ummm, so having spoken a little bit about the material, the subject to
146 be clear that we're talking about ummm, the right thing. Second question is,
147 how, if at all, do you feel hindered, from engaging, or engaging more so, with
148 erotic material, emerging within the therapeutic relationship? So what, if
149 anything, holds you back, or, scares you, or, makes you feel anxious?

150 L: Well first, the first word that comes to my mind would be shame. Ummm,
151 which is back to the taboo I guess again that, these sorts of things, ummm,
152 should be, ummm, I'm just trying to think of the way of putting this now...I
153 suppose, how come it's happening in the first place? So there'd be that kind
154 of "what's going on here, that is arousing these sorts of strong feelings?" And

155 then, one, I shouldn't be having them. As a therapist even more, they should
156 be, sorted, in some way. So then, you know, where does that tie in to my
157 history and my you know early attachment relationships and all the rest of it?
158 So, confusion and shame probably, is the result.

159 I: Ok, so, something about it, being wrong.

160 L: Yeah.

161 I: Still, about it being wrong, rather than, and we'll get on to training in
162 amminute and stuff, more specifically but, it sounds like, something there is still,
163 that it's wrong, that it's a negative, and....

164 L: It shouldn't be there, or if it is there, there should be a way in which to
165 neatly sort it and make it ok.

166 I: Right. Ok. But it's something, sounds like pathology, pathological kind of
167 think that...

168 L: Mmmm, what's wrong with me.

169 I: Yeah, and that, what haven't I addressed in my therapy, because if I had
170 addressed it...ok, ok. Ummm, so.....so, in a way you're hindered by the
171 taboo like you said, aren't you, it's, it's hindered by, it being wrong, in some
172 way.

173 L: Yes.

174 I: Negative, wrong, are they the right words?

175 L: Yes, i think they are. I think they are the right words, I mean I think that
176 one, what was, what I was helped by, say in the last, I can't remember when it
177 was, i did a work, two day workshop with David Mann, who wrote, who's
178 written, as I'm sure you know, about erotic transference and I was greatly,
179 reassured I think by his approach to the whole subject, when he talked about
180 eros and energy and, ummm, not, not just as basic and as simplistic as sexual
181 feelings, but a whole thing about, the relationship that's fired by, eroticism,
182 that doesn't have to be a BAD thing. You know, it was my first notion of "Oh,
183 right, we're looking at this in a totally different way" and, and, that made me
184 err, I think feel, less, kind of abnormal about it all. It was like, there's a
185 necessary part of the erotic, which isn't just about, titillation and, and the,
186 forbidden and, the exciting and all of that kind of, side of it.

187 I: But something about him saying that.

188 L: Yeah, that was saying "let's look at, what goes on in a, in an intimate
189 relationship such as therapy" it's rather peculiar that if, if you're going to have
190 that kind of relationship the erotic doesn't come in somewhere along the line.

191 It doesn't matter if you're dealing with two men, two women or, or a man and a
192 woman in the relationship, the energy has to be there somewhere, to make
193 something happen.

194 I: So, so someone normalised it.

195 L: (smiles) Someone normalised it and gave a fresh look at it, for me.

196 I: And also in some way I guess, someone in authority, ummm, gave
197 permission.

198 L: Yeah, yeah.

199 I: Does it feel like that because I, I think something that's kind of quite
200 common, in my first study and even coming up in the interviews now is again,
201 this idea that, someone needs to say it's ok.

202 L: Yes, and who's researched and thought and studied and obviously talked
203 widely.

204 I: That's what I mean, he's an authority figure on the subject isn't he and he's
205 saying "this is normal".

206 L: He's written a book (laughs) yep.

207 I: Ummm, so, thinking now about your training and development as a
208 psychotherapist. Can you tell me about you feel this has either helped, or
209 hindered your ability to engage with erotic material, emerging within the
210 therapeutic relationship? And if you could start sort of with your, your training
211 institution or training institutions, depending on how many trainings you've
212 undertaken, ummm and then, then sort of work on to supervision and stuff,
213 but, first of all if you can think about the training institution.

214 L: Well I started with relate, ummm, and I don't, I mean, I think, yeah they, it
215 wasn't a taboo, because we were working with couples and sexual material
216 obviously came up, a lot, ummm, and there was a sex therapy training,
217 running alongside what we were doing. I think it was ummm....there was a
218 sort of ceiling somewhere, where it was absolutely fine, as long as it was,
219 treated as ummm, a problem area that you're dealing with, you know it's out
220 there, it's between the couple that's the sexual problem, we can all talk very
221 openly about it, ummm, we can, look at sexual material, and, but not be, very
222 personal about it. I think, that was my memory of relate. But it certainly
223 wasn't a taboo, and it was openly discussed, but it was like, it was quite
224 clinical. So there was, it wasn't really to do with engaging in the relationship
225 terribly much, it was more to do with how you treat difficulties with it. So that
226 was relate, ummm...

227 I: And do you think, do you think that was addressing the erotic in terms of
228 erotic transference and counter transference?

229 L: Hmmmm, I don't think it was really.

230 I: Or do you think that was just exposing you to words and things and saying
231 that it's ok to talk about the penis and the sex and the.....

232 L: Yes, yes, and this is what we're...exactly, you know, we're treating couple
233 who've got sexual problems so we've got to be open about all this and talk
234 about it and watch films about it and all that, yeah, so no, it missed on that,
235 more subtle, ummm, area that we're talking about here. And then I did a
236 transpersonal training which was lovely (laughs) but it was very transpersonal.
237 So, ummm, everything was symbolised beautifully, so we never really
238 engaged hugely with, I wouldn't say, you know, what's going on here in the
239 room, with our clients, it was to do with, Jungian concept much more. Errrr,
240 and then I did an integrative psychotherapy, training which was much more
241 nitty gritty, so, we got to grips with a lot more personal stuff than that. But I
242 think there was still the reluctance, with most of us on that training to talk
243 about our own experiences of being therapy and how we felt the erotic
244 material, turned up. We were ok talking about clients, because that was, that
245 bit more removed. So there's, there very distinct areas I think of difference,
246 from, my experience anyway.

247 I: Can you say a little more about that training in, in, you know, we got to grips
248 with the nitty gritty. How would you say you got to grips with, erotic
249 transference, counter transference? How as that dealt with? How were you
250 exposed to it, to the idea of it?

251 L: I, I think because we did a lot more experiential and personal work on the
252 training, so a lot of our own history and our own backgrounds, came, out, and
253 were worked with in the group setting and in personal therapy, within a group
254 setting. Sexual material was more available for us to look at, in ourselves and
255 in, with each other. So, we were more in touch with what it felt like. You
256 know, from, uhh, we got away from theorising I think, in that training a lot
257 more. It's, I'm not sure how much it's, it helped me come to terms with how to
258 handle it, because I think it, what it did was to trigger off, for all of us, very
259 powerful feelings towards different trainers and, our own experiences. It was
260 quite a raw two years in many ways.

261 I: Where was that? What sort of training was integrative?

262 L: Integrative, it was, attached to, Ken Evans ummm, in Nottingham, but it
263 was actually run at, in London, by someone called Shirley Spitz, who, just did
264 two lots of trainings, and then stopped. So it was an offshoot of Ken Evans,
265 integrative model in ummm, Nottingham. So it was, object relations, it was,

266 attachment, it was, psychoanalytic blends. Quite a lot of American, South
267 African input, from the trainers. Very powerful two years and, really I think I
268 learned everything, I could of learnt really, about, psychotherapy during those
269 two years, it was, ummm, challenging (smiles).

270 I: But in some ways, more real?

271 L: Much more real, ummm....

272 I: It sounds like, if I'm right in what you're saying, it wasn't telling you about
273 this is how you do therapy, it was, getting you to experience, for yourself.

274 L: Much more exposing. Yeah it was.

275 I: Feel, feel how you do it rather than tell me how you do it.

276 L: Feel how you do it. Bodywork was involved. We were exposed to, having,
277 a, a trainer, who used bodywork in, in his therapy, with us. So that brought
278 out a lot for people, which we weren't necessarily expecting. Ummm, and I
279 think I got to understand something of, what I had repressed maybe, because
280 of my own, err, childhood experiences with a father who was, quite erotically
281 disposed towards me, you know, in words in language, in behaviour. So there
282 was that element, I, although I knew about it, I'm not sure I really knew about
283 it, until, I started working on that bit, in my training. So it gave me, some
284 insights into what, into what I, what I think I just hadn't really appreciated was,
285 was a very powerful set of feelings, that had just got squashed.

286 I: And how was that for you, in training, for that to coming up? Because I
287 guess some of the concern is, or the thought, thinking about, if training needs
288 to be more, ummm, willing, to umm, go there with therapists, and to, to, help
289 them, to be more able to attend to this in their practice. Ummm, you know
290 there is asked, kind of questionsm how do you do that safely with people who
291 could have had, therapists who could have had all sorts of experiences
292 themselves in their lives and, you know...

293 L: Yeah. Well I think being in therapy, during the training is an absolute
294 essential. Ummm, and I think that within that particular training with a group
295 of twelve, it was very, very containing, and very supportive, because we were,
296 exposing a lot of our own material, ummm, and it, the two trainers that we
297 had, and, the other inputs were, very nurturing indeed, of us, in that two years.
298 And I think if they hadn't of been it would have been very difficult.

299 I: How do you mean, they were nurturing? How did they, nurture you?

300 L: How does one explain that, that's an, interesting question? I think just the
301 availability, there was availability on the phone if we needed it, ummm, which
302 didn't happen very often for me, because, you know, I was in therapy, I felt

303 supported. Just that, I think the genuine, personal concern, that each of us
304 were exposing a lot about ourselves. The, the recognition of how important
305 that was, in terms of, how we were going to develop, and strengthen
306 ourselves as therapists, and those two things were, very much acknowledged
307 as being part and parcel of each other. So the support we got, for our
308 development professionally AND personally, was equally, equally valued.
309 That's, I think the best way I can explain it, with the main trainer Shirley being,
310 a very warm, uhh, available kind of person. I mean she was very personable,
311 she did not stand on her high horse, she wasn't afraid to expose, parts of
312 herself, as well, as being, a very brilliant teacher. She still held the
313 boundaries, but she was not afraid of being human and open with us, about
314 her own feelings. And I found that, amazing.

315 I: Ok, because it seems like, what you're describing is a very, positive
316 experience, a very good, deep learning experience and, I guess, you know for
317 me it's really, the quest, although I know I'm questioning and suggesting, in a
318 way, by being interested in it, that more needs to be done. I guess the next
319 question is "well how then?" and it seems like, you know, you seem to have a
320 good example of how it could be done.

321 L: Yeah, yeah.

322 I: And it sounds like, what you're describing is something where, the trainers
323 were in it with you, or, prepared to get in with you. Rather than to stand back,
324 "we're the trainers, you're the thing" you know "we're very much out of this".

325 L: Definitely.

326 I: Ummm, ok, so it's something about them, there empathic understanding of,
327 where you were at.

328 L: Yes. Very much so. Yeah I think that's the thing that stands out. I think I
329 felt, very, fortunate and very privileged in a way, that we had that, experience,
330 especially as she's not (smiles), she then went and became an analyst!
331 Which I always thought was, a terrible waste of her talents actually, because
332 she was so relational and, and then when I saw her for a brief period, years
333 later, as an analyst, i thought "Oh gosh, what's happened to you?"

334 I: Right, right. Having spoken in a bit more depth now about THAT training,
335 which, which seemed to really help, can you, compare that to the one, two the
336 other two? The relate and the, what was, does that help you say what was
337 missing from those?

338 L: I think they were all so incredibly different and of course, and I was in a
339 very different place, I mean I started my relate training, I was, twenty nine, and
340 very green, and had just come out of, well I was actually, I was still involved in
341 the very first therapy, with the therapist who I was describing earlier. Ummm,

342 and I think I was just, I was very motivated and very, very excited about what I
343 was doing, but I think I was still extremely, vulnerable in many ways as well. I
344 didn't really have much of a clue about, ummm, how to BE in therapy, let
345 alone how to do it. Ummm, the transpersonal was a very healing two years,
346 because, it didn't take us to those raw edges, but it taught me a lot about, the
347 creative process of therapy, and how that could be used in a way that was,
348 totally different. Ummm, dream work, and symbols and all that kind of thing, it
349 was, meditation, approaches to therapy. So, couldn't have been more
350 different to relate as a contrast, and the integrative again, couldn't have been
351 more different again, in that it just, threw us all in the deep end, and, left us
352 gasping, to begin with, you know, really getting into, deeper waters, where we
353 were at times floundering.

354 I: But, if I'm right, it sounded like the other two, relate and the transpersonal,
355 didn't, you, if that's where you stopped, you wouldn't have felt, like they, that,
356 that that training had, facilitated your ability to work with erotic material.

357 L: No, definitely not, I think I would have run a mile, I would have distanced
358 myself. I would have been, I think able to work with it, as something out there,
359 but I wouldn't have been able to engage in, ummm, my own experience, or
360 being able to draw on that, with any, any idea really, any confidence. I think it,
361 it taught me how to plummet the depths, of myself, and, not leave bits out.
362 And, the erotic, would have been, I think a piece I would have sidelined or
363 made much more clinical, in my approach to it, because that would have been
364 easier, safer.

365 I: Ummm, is there anything else you'd like to say about training institutions, in
366 regard your training and development?

367 L: Mmmm, ummm, well I, I guess, doing some supervision work myself, I do
368 wonder, when I hear, other supervisees talk about their trainings, how much
369 erotic material does get ignored still. Because often when I, enquire about it, I
370 still get a look of "Oh, gosh. Do we really have to talk about that?" (laughs).
371 So, I think it's still an area that's probably, could do with a lot more attention,
372 and a lot more exploration as to what people mean and feel, about, what is
373 erotic? You know, how do people define it in the first place.

374 I: What do you think, just sideline, what do you think it is about the erotic, that
375 makes it, problematic? As I ask that, I feel like you, you have perhaps already
376 answered it, in terms of the shame and the....

377 L: Yeah...I think it's the...the way in which it's understood, or interpreted, or,
378 or, what it is in our culture about it, perhaps that, makes it, for women
379 especially, and I can't speak for men here, at times feel very uncomfortable.
380 Back to this sort of depersonalisation bit again. It's. It gets removed from
381 relationship. Because I think again, maybe that's easier to handle that way,

382 you know, women as objects, who can be exciting or titillating, or whatever,
383 but, the relational aspect of eroticism, in therapy, I think is something that,
384 REALLY doesn't get talked about very much at all. It comes up in our groups
385 when we meet every now and again, but not that often, and it's quite often me
386 that will broaches the subject, and somebody will usually say "oh thank
387 goodness somebody said that" (laughs because you can sense it around,
388 when you listen to cases being talked about.

389 I: So again, it's someone, you know, in the same way that Mann for you, said
390 something and made it ok, it sounded like, what you were saying then, is that,
391 that you, are brave enough to bring it, and then you, you know....

392 L: And then someone is relieved. Yeah, yeah, I think that does happen from
393 time to time.

394 I: So, yeah, I mean it does feel, from the research and stuff, that. That, that
395 it's all about, the taboo, and somebody saying it's ok. Ok. Ummm, moving on
396 then to supervision. What are your thoughts on, your training and
397 development with regard to supervision? How do you feel that's helped or
398 hindered you?

399 L: What me BEING in supervision? Ummm, my experience of supervision?

400 I: Ummm, well, I guess, I guess both really now because you're talking that
401 you supervise as well so, if you could talk about supervision, but, but yes, i
402 guess, the main, crux of the interview is, how you feel, your training and
403 development has helped you, or hindered you, to work with the erotic, so,
404 how's supervision helped or hindered you?

405 L: I think that for me, it's been, ummm, was going to say luck of the draw in
406 what supervisor I've been fortunate or unfortunate to have at the time. And
407 some have been, really willing to engage in, talking about the material, and
408 some, just really haven't. So, as far as supervision goes, it seems to be more
409 to do with the individual, person, rather than any particular training that they've
410 come from, that, makes it either easier to talk about, or not. You know
411 whether they're relaxed about the material or not, and I've had Jungian
412 supervisors, analytic supervisor, gestalt supervisors, ummm, and they've all,
413 in their different ways, offered me different learnings, but, I wouldn't have said,
414 I think the psychoanalytic probably, was the most comfortable, but he would,
415 tend, to being quite clinical about it, even though, even though it was, openly
416 discussed, there was, that barrier that's quite difficult to describe, that,
417 removes it from relationship.

418 I: Ok. I mean I think, there's some concern for me, in doing the research,
419 around the idea that, the danger is that you kid yourself that, that you can
420 teach people to do the erotic, or to go there, and it's like, it becomes just a, a

421 technique, or, or a mechanistic kind of, approach, and, and like you say, with
422 the, that's what made me think of it, when you said about the psychoanalytic
423 guy, is that, because of the training, it probably is much more, talked about,
424 discussed, maybe exposed to, but does then just, you know "I'm ok with this, I
425 can talk about it".

426 L: It's not the same thing though.

427 I: It's not the same as getting it.

428 L: And I think that, that, the link for me, my understanding of it and the work
429 that I did actually with somebody who, is a body work therapist, but he's
430 actually not, a, not, he's not an orthodox psychotherapist. But he, out of all
431 the people I've ever worked with, with him as a therapist, me as a client, has
432 been most comfortable, in this area. And because he used to doing, using
433 bodywork, and he's used to doing, close up, up front and personal if you like,
434 and using a lot of eye contact and, intimate, personal way of working, I think
435 that that, is a natural, field for the erotic to emerge, because I think it comes
436 out of intimacy, and, you know there's this, almost back to the, something
437 about the early attachment relationships we have, which make us comfortable
438 or not with body and closeness, and, I think probably I've learnt more from
439 that experience of being in therapy than, than anywhere, about, it being ok to
440 have the erotic in a relationship, and not have it as a problem. To have it as
441 part of intimacy, and not have to be a barrier in some way. So it doesn't
442 actually need to get, doesn't really need to be talked about anymore. It's just
443 an acknowledged part of being in a, in an intimate relationship with a very safe
444 boundary around it. So that's been interesting, that this guy is trained in all
445 sorts of things, but he's not actually an officially, a psychotherapist. He seems
446 to know how to handle, issues like this, better than anyone else I've ever
447 worked with.

448 I: Right. And, you said something about not speaking about it, so...

449 L: Well it's been spoken about, but, it's as if, once it's spoken about, the
450 energies then, free to flow, without it having to be rehashed again, or worried
451 about. It's like "Ok, so, that's how it is" it's normal, it's a normalising kind of
452 experience again. Whereas before, it, I would have perhaps mentioned it in
453 therapy with other therapists, but, then, worried about it, because it would
454 become a thing, a sort of issue, that would have to be, interpreted again, or
455 addressed again, often when I wasn't particularly comfortable about having to
456 address it again. Don't know if that's making any sense?

457 I: Yes, I'm trying, it, it is, but not completely, I'm not completely with the,
458 ummm...

459 L: It's, it's a different, attitude towards it, I suppose, that makes it, ummmm,
460 well of course there's going to be that energy, in a relationship, if it's close,
461 and intimate, and sharing, and why shouldn't it be? You know, there's that
462 kind of approach to it, rather than, "oh we must talk about this, because, it's to
463 do with the erotic, so therefore, we must talk about it" (laughs).

464 I: Right, ok, ok, so now I'm with you. So once it's, once it's ok, that this IS an
465 intimate relationship, and this IS, gonna be, par for the course to have
466 powerful, emotions and feelings and sensations and ummm, whatever, then
467 we don't need to analyse each, individual, sensation and feeling.

468 L: No, it still, it can be addressed, but yeah, it doesn't have to be, ummm, sort
469 of put in a compartment that, is marked special, or difficult, or something,
470 yeah.

471 I: So there's still something about, bringing it into the relationship, bringing it,
472 acknowledging it, but then you don't have to KEEP saying it's there. Once
473 you've said it's there, it's ok for it to be there.

474 L: Yes, yeah.

475 I: Ok. Ummmm, so how do you feel, thinking about the supervisors you've
476 had, it feels like you're describing a similar situation to like you said with your
477 therapist, that it's a bit hit and miss, whether you've had a therapist that you
478 can, as a client you can be erotic with, or have the erotic, in the room, and
479 then you're saying the same with the supervisor. So, is, in supervision, can
480 you think about, when, it hasn't been ok, or it hasn't felt ok, and how that's
481 then hindered, or has it hindered?

482 L: Yeah, I guess what's, yeah, the first thing that came to my mind, thinking of
483 my, current supervisor is, he's again very analytic, Freudian, more Freudian
484 analytic, ummm, sometimes sex, is brought in, when I don't really feel it's
485 particularly appropriate. So sometimes I'm talking about almost the opposite
486 now, that it's almost brought in too much, as if, well what about sex or what
487 about the erotic, and sometimes that's not, not the track that I'm going down,
488 but it's as if that HAS to be put in there, because, it's part of the theory if you
489 like, or, part of what, ummm, it doesn't feel like, it's a natural progression, it
490 feels like, "and now we'll talk about the sexual element".

491 I: Right. So it feels more tick box exercise rather than...

492 L: Yes...and sometimes I can feel myself, and I've said so, you know, just
493 presenting, or, drawing back on that, as if, as if I'm protecting my client from
494 that kind of intrusion, or, or pathology even. Yeah. So there's, yes there's
495 that element too. Which is interesting because I haven't, haven't really
496 thought about that, that clearly until this minute.

497 I: So there's something about theory being violent there isn't it, because
498 you're defensive of the client and stuff and in a way the theory is just violating
499 with just...

500 L: Yes, it's intrusive...

501 I: ...applying theory, rather than really seeing what's there or...

502 L: Yeah, again, objectifying the person rather than, relating to them, mmm.

503 I: Ok. Ummm, what about hindering, if you can't take it, has impacted, do you
504 think, at any point, maybe not so much now with experience, but, do you think
505 it, it, it kind of, ever, influenced the way you worked, because you were going
506 to supervision with it, it wasn't being picked up, in the same way like with
507 therapy, ummm, saying it wasn't necessarily being picked up or, or worked
508 with so you were left with feeling oh it's wrong and, and shame, any, any of
509 that in supervision where you go and think "well, perhaps I'm wrong then, or.."

510 L: Mmmm, I think, I think there have been those occasions, ummm, difficult to
511 recall them exactly, off the top of my head, but certainly that, sort of rings a
512 bell with me, that, there have been occasions when, ummm, something's sort
513 of miss, misfired. Ummm, yeah, but, again I can't think of anything specific,
514 right now, in terms of that.

515 I: Ok, and what about, from a, from a helpful point of view? How has
516 supervision helped you, to, engage with the erotic?

517 L: Mmmm, well I think, first and foremost, it's, the relief of having someone
518 else to share the feelings with, to be honest, it's, a safe place to take ummm,
519 what can sometimes feel powerful and confusing and, which bits belong
520 where. So it's, I think a very supportive place, to do some sorting about
521 which, which bits DO belong where, and I think that's the thing that stands out
522 for me probably more than anything, so I can, I can actually say "ok, so that bit
523 might belong to, to me and I will go and do some work on that, and that bit
524 might not belong to me, so, I'll address it with the client". Ummm, clarifying,
525 what can often feel i think, quite a confusing area.

526 I: Right. So helping you to see, clearly.

527 L: Yeah, definitely, throwing, throwing a light on things. And I think also the,
528 the supervisor who's able to be, just normal and ordinary with it. You know,
529 rather than making, to big a deal of it, or, or pathologising it, but just, exploring
530 it, not necessarily always having the answers, but just opening it up for further
531 exploration, that's really helpful.

532 I: Ok, I have a thought in my mind and it's gone now...see if it will come
533 back...no, don't think it's coming back. So, supervision, helps, ummm, if, I

534 think it might be later on that I thought, what would help, to feel more able.
535 Ummm, personal therapy. I think you've kind of spoken about personal
536 therapy in your training and development. You've certainly spoken about it, in
537 terms of, your experience, as the client, with the erotic, ummm, and how
538 you've, how do you think that's helped you, because I, I, about to tell you how
539 I think it's helped you, but that's not phenomenological.

540 L: (laughs) You're allowed to ask that. God, how has it helped me? Well I've
541 guess I've learnt, huge amounts about myself, from the experiences. Ummm,
542 and as I've learnt, about myself, I think I'm more able then, to be open and
543 understand something of what my clients bring, ummm, probably that at a
544 professional level more than anything. It's, it's a learning process, ummm.

545 I: Having, having been in therapy, and felt what you felt...

546 L: Yeah, I'd be less likely to pathologies my clients, that's for sure. Ummm, I
547 think I'd be more understanding of, things like shame, which i think is a very
548 difficult subject to bring again, sex and shame I think are the two things i
549 would note as being, the least talked about in therapy (smiles), ummm, just
550 because, well they go hand in hand very often, yeah. So I think I would,
551 probably be braver also, in terms of, treading where angels might fear tread,
552 taking a risk, in either asking, or enquiring, or offering some feedback. Where
553 I might sense something is going on, but, it's not going to be spoken about.
554 SO I think that would be another factor definitely. That's been helpful, that I
555 will risk more, now, anyway.

556 I: And, why will you risk more? From your experience of personal therapy,
557 sitting there not being able to say it and then all it led to, why will you?

558 L: Because I think I know what it's like to be in that place, of stuckness, where
559 the therapist is, reluctant, or, fearful in some way or anxious, and how
560 paralysing that can be as a client. The whole process, grinds to a halt.
561 Somebody has to take the risk, it's either going to be the client or the
562 therapist, or, there's a, there's going to be a block, somewhere.

563 I: Ok, I think exactly what I thought, was there (laughs) but I wanted you to
564 say it. Ummm, but yeah, but I think it's huge, I think it's hugely significant isn't
565 it, that in that sense for you, personal therapy, has been very, ummm....

566 L: Yeah, absolutely crucial.

567 I: Yeah, and very informative and important in, you know, knowing what that
568 feels like and therefore, you know it's, i think some people, it's so, either just
569 haven't gone there and even contemplated it, or, or, have and are so scared
570 by it, ummm, but, to, to know, the sort of if you like, the damage it can cause
571 on the other side, to just ignore it, I think that's, very valuable, much as it may

572 have been hard at the time for you, but now as a therapist, very valuable to
573 have had that because....

574 L: Yeah, yeah...and I think that, that's been especially poignant on some of
575 the occasions when I've worked with women clients, who've had sexual
576 feelings towards me, and that, I think is, perhaps, in some ways even a
577 greater taboo, because there's all these fears about being gay and lesbian
578 and all the rest of it, which is, more than likely not, to be. But, it's like, how do
579 women cope with that sense of the erotic, when they have a woman therapist,
580 same for men, man to man. So, so, I think that has a different taboo attached
581 to it almost, to when you've got a male – female combination.

582 I: Well I think the other thing is, ummm, and another way all this kind of
583 started for me, with research and stuff into this is, is, you know it's so, the
584 assumptions that are made and things, and the ability for a male therapist to
585 think about what might be going on, EVEN if you're sat with a client that's, you
586 know, told you that they're married with two children and blah, blah, blah, so,
587 the labels and things, you now, does a therapist, hold open a space, that
588 potentially the erotic might be in that room, between those two men, or is it
589 just "well it won't be there because I'm heterosexual, he's heterosexual,
590 closed off.

591 L: Absolutely. I mean I think that can be very frightening, for men maybe,
592 perhaps even more than for women, who are used to, perhaps, the intimacy of
593 friendships and all the rest of it, less taboo around that kind of closeness. But
594 for two men to handle the erotic in a therapy situation I think, could be fraught
595 with difficulty. Mmmm.

596 I: Absolutely. Ok. What about personal development? So, just where you've
597 come from, who you are, life.

598 L: York (laughs), what a huge question.

599 I: (laughs) Just that little small thing.

600 L: Personal development in what sense....

601 I: In terms of how it's helped or hindered you, ummm, with the erotic. So I
602 suppose, you know, I don't really want to say it but, if you come, if someone
603 has come from a very strict upbringing where sex wasn't spoken of and, you
604 know, how does that? This is the other thing that, you know, therapists are
605 from all different sort of walks and shapes and things...

606 L: Yeah, well yeah clearly, you know we're, our own backgrounds and history,
607 are where we're going to be coming from so, ummm, mines, my development,
608 personally and professionally, has been, hugely connected to, examining,
609 where I've come from. Ummm, where a, a very dysfunctional background

610 indeed. So, I, you know, my quest I guess, from the age of twenty eight or so
611 was to, was to journey myself out of the mess that I had grown up in, and do
612 something hopefully a bit more constructive with it, than my family had done,
613 with life. So, I took to it a bit like a, you know, a cause to begin with, it was, it
614 was my religion, err, I think I've tempered it a little bit now, but, it, it was
615 certainly important, to, find out, as much as I possibly could about myself, and,
616 do something, with that. It was to get myself unscripted, if you like. So
617 everything I've done, you know, my personal development and trainings, has
618 been, as much to do for me, as it has anything else actually, if I'm honest
619 about it.

620 I: I'm sure for all of us.

621 L: (laughs) Not that altruistic after all are we?

622 I: (laughs) Absolutely. We're all looking for a back door to sorting ourselves
623 out. Ummm, ok.

624 L: Does that answer the question? I'm not sure that it does.

625 I: Yes, ummmm.....yes, I'm just wondering whether, thinking along the lines of
626 from that, whether, do you think your personal life and where you've come
627 from, still holds you back, the erotic, in, and therapy and....

628 L: Ummm, I don't know if it holds me back, but I think there are still, elements
629 of it, that I don't find particularly easy to deal with.

630 I: Thinking of your personal life and history and where you've come from,
631 without the very deep experiential learning that it feels like you had on that
632 one particular training, do you think you would've been able to engage with
633 the erotic in the way that you do?

634 L: No. No, I certainly don't think I would've done. It would have been too
635 frightening.

636 I: And do you think some of that, would've been because of where you came
637 from?

638 L: Yeah. Yeah. I think there's a direct link. I think I was very frightened of
639 letting loose those, ummm, energies if you like, very scared of opening that
640 door. Ummm, so that, training, made it safe enough, to venture into. Yeah. I
641 mean I still think it's quite a scary area to work with, you know, I don't think
642 it's, I'm not sure for anybody whether it's, it's....

643 I: No. And I don't think, for one minute, that it can be, I think the danger is, is
644 believing that it can be "oh, ok, let's just teach it then". Ummm, but I think it's
645 something about opening the door, and it's sounds like what you've just said
646 is it, it opened, that training opened the door for you to venture in. You still

647 have have and still, still had and still have, a lot to do to continue to grow and
648 whatever. But, it opened the door, I think that's the crux of the matter.

649 L: It did. It did. It made it permissible to explore. At times it felt like
650 Pandora's box was opened and everything comes flying out. But it was,
651 ummm, it was very healing actually in many ways, in terms of, having that
652 permission to open the door, knowing that it was going to be supported,
653 ummmm, and shared within a, you know, there wasn't, we were all in it
654 together and everybody had their own issues that they had to tackle. So there
655 was a tremendous feeling of bonding and, support with the group. We all
656 supported each other. So that was ummm...

657 I: And again that sounds like you're talking about, normalising..

658 L: Yeah, yeah. Understanding, accepting.

659 I: So, it wasn't just you on your own with it, wonder, you know, the fact that it
660 was shared in the group, means that, this doesn't make me wrong, because I
661 can feel and see that others are going through it. I'm part of...

662 L: Yeah, yeah. Everyone was exposed in some way or another, you know, to
663 things, that they felt frightened about. So, there was ummm, a lot of
664 accepting, a lot of ummm, yeah, accepting....as well as being able to
665 challenge each other, I think that was another, another side of it, you know it
666 made it permissible not just to be, lovingly bonded, but also quite challenging
667 of each other as well. Mmmm, so it wasn't all sweetness and light (laughs).

668 I: No. It was real. Sounded real.

669 L: Absolutely, yeah.

670 I: Which, is life isn't it. Good and bad, positive and negative and.....

671 L: Mmmm, mmmm.

672 I: Ok. Ummm, again something as you go along, maybe answered in there,
673 but, how do you feel your training and development, could have helped you
674 feel more able to engage with erotic material, emerging within the therapeutic
675 relationship? Do you think there's anything, you, need to add or can add, that
676 you haven't already said, to that?

677 L: Ummm, I guess, again, on that particular training, ummm, I think there's
678 one, there was one danger area that wasn't addressed at the time, that, we,
679 somewhat fell foul to a bit later with hindsight, which was the, charismatic,
680 power, that some trainers have. Mainly men I have to say, who, were brilliant
681 at their job, and, exuded a very powerful erotic energy, that would, held us
682 captive, as an audience and as students and as, you know they, he was, he
683 was on a pedestal this, this particular guy, American guy. Ummm, and I think

684 that, HE was not aware enough, of, how powerful the effect he was having on
685 his, on us, as students. And I think that, that was, that's something and if I
686 were to say to any trainer, especially a good looking in guy, in his early, you
687 know, late forties, who'd got a tremendous gift for teaching and doing therapy,
688 doing a lot of very intimate work with us, including bodywork, you have to be
689 VERY careful indeed. Because I think that, you know, things can get stirred
690 up at a very deep level and leave people, open to being a lot more vulnerable,
691 ummm, than they might have been, if he'd been, just a bit more aware of what
692 he was doing, and not gone in for quite so much, powerful, cathartic, work.
693 Because that aroused the erotic in everybody. We did talk about it amongst
694 ourselves, but, he, wouldn't really acknowledge it himself. So, that, I think,
695 there's a danger point there.

696 I: You didn't feel like he acknowledged it, or is it, was it ever explicitly tried to
697 see if he'd acknowledge it?

698 L: Ummm, he didn't like to be challenged. He was I think, someone with,
699 strong narcissistic, tendency, and anything that, that was challenging to the
700 way he worked or operated, was somehow turned around, so that, we felt, we
701 got it wrong somehow, or, it was interpreted back to our own history. So, that,
702 that was just a personal experience we had on that particular training, I'm not
703 saying that all trainings have it, but, I think there was something I learnt from
704 that about, watch out when you've got charismatic people, who are not always
705 aware enough, of, what they arouse in other people, as their patients, clients
706 or students. It could equally well have been a woman, you know, it doesn't, I
707 don't think it matters.

708 I: Mmmm, I'm just thinking really, in terms of, ummm, again, thinking about
709 say, ell, if you're going to do this, if you're going to take therapists to this
710 deeper place, ummm, and help them, expose themselves to the erotic and
711 the ideas of it and, and what not, then, you know, you need to be aware,
712 ummm, of what that brings up, but, but the link it seems to make, is that of the
713 therapy, it seems to, make it that, it's like you with the therapist, where, the
714 therapy brought up the erotic for you, but it wasn't necessarily acknowledged
715 by the therapist and you're left sat with it, and it sounds like the same situation
716 in the ummm, in the training institution. So it's not just about teaching it, or
717 opening things up to it. It's about dealing with what, what that would entail....

718 L: What it engenders, yeah.

719 I: Which again, gets me back to the idea that it's just not as simple as, just
720 teach it. It you know although, you could argue for it to be more important in
721 training, it is, still, then, leads onto the question but how? How do you do it
722 though in a safe way? Ok.

723 L: Yeah, and, and the kind of feedback that somebody, somebody might be
724 open enough or humble enough to ask for, you know, how is this coming
725 across? How do you feel about this material? How do you feel about me,
726 talking about this material? I mean that, that's the sort of feedback we should
727 have had more of I think, with that particular trainer. Rather than him,
728 sweeping in a bit like, you know, Laurence Olivier, on horseback (laughs),
729 kind of thing, and, powerful, powerful stuff, you know, open kind of, box, you
730 need to be I think, very aware, and responsible, as a trainer. Mmmm.

731 I: Anything else, you feel training and development could have helped you
732 feel more able...?

733 L: Ummmm...I don't think anything other than, what I've said already,
734 probably.

735 I: Ok. And, just finally. Is there anything else, that you'd like to tell me, that
736 you feel is relevant to my research that, you haven't had the opportunity to
737 say, so far, anything you've thought of, and wanted to say that hasn't come up
738 for you?

739 L:I just think it's a really interesting subject. It's a subject I've looked at
740 and thought about and written about a bit myself, so, and will continue to learn
741 about, i think. I, I, I think, you now, my own, I think my interest, my personal
742 interest, you know, stemmed, perhaps more from my early history than I had
743 given, room for. I, I didn't, it took me a long time to recognise the connections
744 between what had happened in my first therapy, where I git totally taken over
745 and there were no boundaries left at all, but I didn't really connect THAT with
746 "oh, so that's how I felt as a very small child, with a father who was a very,
747 was a bully and a tyrant basically". So, I, Yeah, if I'd known perhaps, a little
748 bit, if I'd been more aware of that, I'd have been, perhaps more ready to use
749 my therapy in a way that., would have been more helpful to me in those early
750 years. But I got swept along a number of times, before, I, before the penny
751 dropped if you like. Yeah. And again with, with powerful therapists, who,
752 ummm, were happy to take that kind of projection, unfortunately. So I think
753 it's, it's, the awareness both ways, is, very, very powerful, you know, the
754 awareness for the client and the therapist, when you've got sexual material in
755 childhood and how the erotic then plays out in therapy, in a different kind of
756 way to, it might do, if you haven't had a, a dysfunctional sexual history.

757 I: Ok. But, and, and so, there's some, you are saying, that there's, something
758 very powerful to be had, by it being worked with, acknowledged, brought out,
759 in, in, the...do, do you think it has to be acknowledged? I, I, I interviewed
760 someone, for my ummm,... Is there anything else? I think I might ummm, just,
761 it's a bit more chat so, I don't need to transcribe all this.

762 L: Ok, alright.

APPENDIX E:

Study One: Examples of IPA analysis steps 2, 3 and 4

Possible themes	IPA Analysis – Steps 2&3 Original transcript – Participant D	My comments
<p>Erotic causes discomfort.</p> <p>Experience increases comfort through confidence.</p> <p>Training influences experience of erotic.</p> <p>Training can give or withhold permission.</p>	<p>D: I think it was probably both, it was probably discomfort AND it was lack of experience, I was (...) one or two years into being, seeing clients, only (...) and, umm (...) it, I, whether it was something to do with the way I was trained or not, I don't know, I'll say something briefly, ummm (...) I trained at the (ofc), and (...) there wasn't a module about, about erotic transference or anything like that, (...) there wasn't a module about sexuality, and I was in a couple of groups at the same time as part of my personal therapy and the head of training was one of the group therapists that (...) and err, in one of those groups the topic of sex came up and I remember, no I was in two groups that he ran, and he said 'good gracious me, sex has actually appeared', you know this is almost unheard of, so whether there was some element in the actual training course which said 'this is a non-topic' and, and that that came across to the people on the training course and thus the next generation of therapists, that this was a non-topic, err, it was a Gestalt training I did (...) ummm (...) err</p> <p>I: And at that point when it was mentioned, did it feel like, this is good it's come up, or did it feel like, somewhere in there was a message that said 'and it should be a non-topic?'</p> <p>D: In the case if the err, facilitator, the group therapist it was almost like a sort of relief, at last, somebody has mentioned the elephant in the room.</p> <p>I: Right.</p> <p>D: But it went almost as swiftly. And I'm remembering that this particular person who perhaps should be nameless, (ofc), managed to offend against the code of ethics, by having a sexual relationship with one of his supervisees, so (...) there may well have been some stuff going on for him around sexuality (...) which fed into the course, which fed in to my generation of therapists (...) but now I come down here, not, it's not that there's a lot of people, where I'm aware, that they're thinking 'gosh, how attracted I am to my therapist' but sexuality comes up ALL the time, I feel like I'm, everybody wants to talk about their sex lives, their sexuality, the absence of it, ummm (...) and, and I'm, slightly bewildered, I don't know if it's the move down here, whether it's a shift in, sort of, societal, in more ways, through time or geographically, a switch. Or whether somehow, given my age, I'm SAFE.</p>	<p>Cites lack of experience but experienced now & still not engaging in erotic.</p> <p>Hesitations, unsure?</p> <p>Training.</p> <p>Nobody showed him how. No modules so no permission? Not in training, so not in therapy? If he was meant to go there they would have taught him?</p> <p>Rare, almost unheard of – sex is unspoken.</p> <p>Heard it as a non-topic? Maybe was looking for a justification?</p> <p>Wondering if modality a factor?</p> <p>And for him? Relief or discomfort?</p> <p>The great big unspeakable taboo.</p> <p>The person who seemed relieved it was spoken about – transgressed boundaries. Reinforced beliefs about dangers and need to avoid erotic?</p> <p>Training 'fed' his beliefs about erotic material.</p> <p>Scared / unwilling to contemplate the potential?</p> <p>Overwhelmed by sex.</p> <p>Hesitant.</p> <p>Shocked & lost. For words? Doesn't know what to do with it all?</p> <p>Age making safe – wants to feel safe?</p> <p>De-sexed for safety?</p>
<p>Sex talk is rare.</p>		
<p>Subliminal messages in training.</p>		
<p>Modality matters?</p>		
<p>Avoidance to stay safe.</p>		
<p>Negative experience of others reinforces fears.</p> <p>Certain training creates certain therapists?</p>		
<p>Switched off to erotic.</p> <p>Erotic as overwhelming.</p>		
<p>Erotic confusing.</p>		
<p>Age as a protective factor.</p>		
<p>De-sexualised concept of self to increase security.</p>		

IPA Analysis – Step 4

Table of super-ordinate themes and themes from participant D – Study 1

The need to be certain:

Timing is everything: to be sure, no doubt
Has to be unavoidable to go there
Must be the elephant in the room
Fear of being misunderstood
Fear of getting it wrong

Erotic as unspeakable:

Unable to bring it up
The possibility of incest
Has to surface on its own
Has to be in his face
External sex talk is safe

Erotic as unsafe area:

Afraid, scared, confused, embarrassed, tempted
Minefield
Off the beaten track
Where might it lead?
Danger – keep out
Boundaries as barriers

Avoiding the erotic:

To stay safe
Let sleeping dogs lie
Unaware of it being present / Denial of its presence
Abnormally careful: aware approach to erotic inconsistent with other material
Keep it simple

Denial of erotic self:

Removal of self from erotic equation
Age to deny erotic potential
Unable to see self as desirable
A nice man - the nice father
Safe, benign, non-sexual old man
Fear of own erotic desire
Fear of becoming the abuser

Fear of authorities:

Society has rules
Fears societies condemnation
Law abiding
Associating self with social collective
Supervision reinforcing danger
Litigation – power to ruin

Personal development as inhibiting:

Old school standards
From a different age: taboo
Upbringing inhibited

Implications of training:

Didn't show the way
Didn't give permission
Subliminal message = non-topic: inhibiting

APPENDIX F:

Study One & Two: Master table of super-ordinate themes

<u>Master table of super-ordinate themes – Study 1</u>	Page/Line
<p>Theme 1. Fear of the unknown</p> <p><i>Erotic as unnerving</i></p> <p>A: I felt like I was being attacked somehow [] it felt like he was punishing me [] it was that feeling of being violated [] it felt nasty</p> <p>B: I've had experiences of having an erection during pranayama and during meditation which..in the beginning was quite disturbing</p> <p>C: It was clear that as a result of that, I mean the intensity of his perversion, there, were moments of discomfort</p> <p>D: There's been a huge shift. [] ...the nature of...of THE work has changed quite a lot</p> <p>E: I felt a bit uncomfortable about it, and so I was being more, more self-vigilant</p> <p>F: I think we both, jointly avoided it, we really, it was a, it was a joint, let's not go there</p> <p>G: So it's there in the room, and depending on how they deal, deal with it, I'll make an assessment as to whether or not there's a risk</p> <p>H: What it means and where it goes [] you know and it, it, it's that really that's frightening</p> <p><i>No map, guidance or instructions</i></p> <p>B: In order to become aware of the traps, the traps and pitfalls</p> <p>C: There was always a fear in the back of my mind about how I would respond to this in the room</p> <p>D: I, I might miss the (...) the clues that, ummm</p> <p>E: Part of me was thinking what now, how DO I handle this, and usually I don't do that, so it wasn't easy</p> <p>F: The now moments, like, you're put on the spot, what next? There's no rules for this</p> <p>H: What you're kind of playing, the rules, and it, it, it's not a known rule game is it?</p> <p><i>Taboo or not Taboo?</i></p> <p>A: Actually discuss that which generally people don't kind of bring up or note</p> <p>B: It is normal but it's not normal in this culture.</p> <p>C: To be able to bring it into the centre and to ummm...name it....may not always be that easy...</p> <p>D: My presumption is that there are ONLY certain topics that they will want to talk about</p> <p>E: So I was a bit shocked (laughs) by that, and I just said to him I thought it was inappropriate for anyone to be in underwear in this kind of work</p>	<p></p> <p>4:134-146</p> <p>2:46-48</p> <p>6:192-193</p> <p>1:15-20</p> <p>6:197-198</p> <p>3:101-102</p> <p>14:541-543</p> <p>16:599-604</p> <p>6:187</p> <p>5:178-179</p> <p>5:147</p> <p>6:191-192</p> <p>3:99-100</p> <p>9:340-341</p> <p>2:51-52</p> <p>12:423</p> <p>5:152-153</p> <p>4:140-141</p> <p>2:44-45</p>

F: Yeah, it's a much more complex tapestry than most people would want to know	7:262-263
G: I think there's a distinction between sexual acts, and, feeling sexual [] for me sexual feelings in the room is just a means of transmitting	11:417-422
H: So you know, it IS in the room, but, I would never have said anything	10:360
Theme 2. Fear of self	
<i>Fear of own erotic desire</i>	
A: I was single and I found him very attractive	2:67
B: Because I'm married does not mean I'm not interested in women and that I'm not attracted to women	1:17-18
D: I've got some clients where I think, having sex with you I'm sure would be really nice	6:202-203
E: He's a reasonably attractive guy, and so I suppose that (...) I think in a social setting, I could..be much more flirtatious with him	9:301-303
F: There's a certain amount of attraction I'm feeling towards that woman	17:644-645
G: And I DO find him attractive, he (...) (laughs) he is more of my class	6:203
H: He was utterly, absolutely, DROP-DEAD, gorgeous, I mean you know, you just wanted to go upstairs and get your, you know, sexy clothes on	2:59-61
<i>Fear of the power and the potential to abuse</i>	
A: I was struggling a lot with err trying to keep boundaries	3:75
B: This is a very powerful position	6:183-184
C: Not to say that you can't have boundary transgressions from time to time [] but you have to be clear, on why [] so to me it seems that there has to be some vigilance	9:303-311
D: There is an asymmetry in power (...) and that, to enact it, is to be abusive	17:621-622
E: I can see how sometimes, therapeutic relationships will become overtly sexual [] I also know, that it would be actually incredibly damaging	7:234-238
G: Just going off and having sex with him might be an easier way through this communication barrier, and, it would achieve nothing, it would be a meaningless act	6:235-236
<i>The voyeur within</i>	
A: My thoughts and my feelings were coming in quite a lot	3:76-77
B: Go into the sexual area [] So it's alive and real, but without that (...) that (...) something at the back, looking through the eyes	12:406-413

D: I'm extraordinary careful that I watch their face (...) that I don't have a quick, sort of err (...) I've forgotten what the word is (...) a sort of visual grope	6:216-218
E: Do I fantasise, yes, I suppose I dooooo (...) wonder what it would be like if (...) yes.	9:320-321
F: Don't wear such short skirts (...)she probably WOULDN'T wear them if she saw a heterosexual male therapist, she feels safe with me, and I feel like a dirty old woman	6:217-219
H: I'm intrigued I suppose, and the intrigue and the interest in all this is sometimes, it doesn't feel as professional as it should	11:410-411
Theme 3. Fear of the other	
<i>Dangerous desire</i>	
A: He said oh well if you can't tell me if you're married or not then I can't work with you [] it was that feeling of being violated [] it felt nasty	4:136-146
C: I mean the intensity of his perversion, there, were moments of discomfort	5:193
D: A young woman client who must have been...30 years younger than me, who suddenly said she wanted to have sex with me	1:22-24
E: There was some erotic overtone (...) there was something he was getting out of, I think, ummm, the fact that I as a professional would see him	2:50-51
G: I'm in a little room, by myself, with clients of the opposite sex [] it has to be spoken about [] otherwise, WHO KNOWS where the fantasies will end up	14:526-529
H: And does he, does he have a fantasy because I'm a woman about me, does he think about me	5:183-184
<i>The risk of harming the other</i>	
A: I actually fear ummm (...) damaging her somehow	6:220-221
B: I think to talk about an erection as it happens is, that's crossing the line, I wouldn't do that	14:489-490
C: The erotic that's coming from the therapist, if you reflect it back to the client, it can be quite delicate	4:112-113
D: Often they will say 'my experience of men is not safe, and I've come to you partly to see if I can find, have an experience of a safe man to be with	20:722-724
E: I think is violating, it's almost incestuous because I think you're, you're going into that early stuff, when it, it isn't ok to	12:421-423
F: It always carries the potential for shame and for trauma of course	19:698-699
G: Because it's so deep and intrinsic in the person (...) ummm, it, it, it, for me it demands, so much respect, and care	12:441-442
H: you know, you've got to benefit your client, and not cause them harm	16:597-598

<i>Potential to short-change clients</i>	
A: If it's an issue that needs to be looked at then it's very important	11:395-396
B: To not shy away from it, and see how it plays out	15:529
C: I think that if I don't address that then ummm (...) I'll be missing out on what goes on with him	2:71-72
D: We short change our clients, or, I short change my clients	20:730
E: But it then moved into our relationship [] so then we, we COULD work, at a more, sort of what's happening between us in the room	8:289-291
F: He really needed me to hear him in his distress and in his pain	5:187-188
G: Almost a kind of palpable relief to him that, he could talk about those sorts of feelings	2:72-73
H: Which I guess is what you've got to work with because I think it would actually lead to very deep and serious work	6:210-211
Theme 4. The need to protect and feel safe	
<i>Boundaries to contain</i>	
A: I was struggling a lot with err trying to keep boundaries	3:75
C: If the boundaries are solid, then, they feel secure enough, to be able to venture there with no fear	8:282-283
D: I say I tape, and that's for both of us, so there's a record of what happens, so that we can both feel safe	16:581-582
E: It's inappropriate, it's not ok, so I wanted to put my, sort of boundaries in place right at that point	3:96-97
F: All of a sudden stuff happens where, is slightly breaking the boundary, and then	20:736-737
G: I, I had to, you know, to make it clear to him, nothing would ever happen	2:71
H: It's trying to establish the boundaries of, of that framework, you know where, what it means and where it goes	16:598-600
<i>Timing is everything</i>	
A: I think that certainly the depth and the quality of the rapport and the relationship you have with that person I think does, does a lot	2:59-60
B: The most intimate is when we meet in that deep place	4:126
C: But since it's SO early on in therapy, I've chosen to hold that, rather than to, ummm (...) reflect that back to him [] I've only met with him three times	1:29-32
D: Unless your timing is absolutely spot on, confronting peoples projective identifications, well [] they will just go	7:252-254
F: It was a joint, let's not go there [] partly because the therapy was, not going to go much further	3:102-103
G: This sort of frisson or material, comes later, as the relationship has developed into one of quite, quite, you know, degree of trust	2:46-48

<i>A life fulfilled</i>	
A: Because my husband's been around [] I think my social situation has probably had an effect on (...) ummm (...) my way of positioning myself	5:157-159
B: I've lived a life and I've had experience	5:165-166
D: I'm not going to let it go any further than that, because it's, I'm in a relationship, I don't need it	6:209-210
E: I think it's the support networks, that I've got, be that, being happily married	13:452-53
F: I can trust myself because I know can also trust myself in my personal life	13:490-491
G: I was looking for a different kind of relationship than the one I'm looking for now	15:568-569
<i>Age as an excuse</i>	
A: Also maybe more maturity and feeling more able to discuss sexual or, or erotic kind of material	2:45-46
B: I'm at a different stage of life, which is all part of this, so, thank God, I don't have to do that anymore	4:134-135
D: I'd rather assume that that was, I'd got to the age where I was safe	9:334-335
F: The older you get, the easier it gets, because you will be seen as [] past it	15:541-543
G: I think also I've got my age on my side, I'm sort of not in the bloom of sexual vibrancy anymore	15:543-544
H: Not thinking at this age and kind of time of my life that, that, that, you know, I WOULD be that with somebody	6:230-231
<i>Seeking refuge in the mother-child relationship</i>	
B: If we think back to the mother-child relationship, mother-son relationship, about how that is so intertwined	14:495-496
E: I'm much more of a mother figure I think	9:335
F: You know, this is not really the erotic, this is the yearning for, much earlier, maternal stuff	1:12-13
G: So it maybe that (...) at a level I represent the good mother she never had	4:155-156
H: It's like they gently needed a mum to talk to about this difficulty	10:387-388
Theme 5. Factors facilitating the work	
<i>Supervision to confess and contain</i>	
A: Feeling err more confident with umm my working practice and that's come through err I guess my supervision over the years	2:39-40
B: You need bloody good supervision and a good supervisor so you can go immediately to the supervisor and go HELLO!!!	12:418-420
C: Yes but I think that supervision is very important in that type of a situation	7:248-249

D: When I have taken it to supervision, about what is going on sexually here [] somehow the conversation got cut short	16:570-573
E: I have weekly supervision (...) I wouldn't want any less than that	12:441-442
F: Certainly the previous supervisor was no problem, ummm (...) you know brought it into the arena herself	19:717-718
G: I've not yet taken it to, to errr, ummm (...) supervision, because I haven't resolved it in my mind	3:106-107
H: I would take it to supervision	18:648
<i>Training as helping or hindering</i>	
A: I mean it should be looked at in training (...) HOW? is something to be looked into	11:406-407
B: Good training as well, to go through the training process	12:396
C: In that training, being confronted with the feelings can be quite helpful	5:164-165
D: Whether it was something to do with the way I was trained or not, I don't know	3:94-95
E: In one of my very early trainings, some, the tutor had said [] so, it wasn't absolutely a real shock	2:68-70
G: I think, I think if it hadn't been specifically mentioned in the training...it might have been overlooked	13:507-508
H: A scary place, and it comes partly from the training	13:460
<i>Experience increasing comfort</i>	
A: This sense of feeling more comfortable in (...) the relationship err within the counselling moment(...) because of err I guess increased experience	1:30-32
B: Because the charge has gone out of those words for me (...) the client will pick up that it's ok to look at this (...) if you haven't done the work, then they'll pick up	12:401-403
C: If the patient feels that you're uncomfortable with the material, then they will be uncomfortable with the material	5:149-151
E: I think that's, experience combined with supervision	12:438
F: Inexperience makes it harder yeah, yeah	3:85
G: Maybe because I'm a bit older, it didn't worry me so much as my younger colleagues	14:518-519
H: But I think that's probably what it, where it's not a known place for me to go yet, ummm, I think	6:211-212
<i>The influence of personal biography</i>	
A: I mean it was abuse but it wasn't THAT bad [] but I think it left me with that vulnerability	5-6:182-186
B: I love sex, I absolutely bloody love it (...) ummm (...) so I'm always fascinated (...) I've always been very open sexually	12:394-395
D: I grew up in an asexual household, it was a non-topic, in an AGE when it was a non-topic	11:370-371
E: Something goes on, when, when that happens, and that's partly about me and my history	14:489-490

F: My, one, long term therapist was a gay man, and, it was just the most wonderful therapeutic relationship, because I could be as outrageous and as flirtatious	7:252-254
G: I remember very, very vividly the feelings I had towards my therapist when I was in therapy [] and I used those memories very vividly to inform myself of what might be going on for my clients in fantasy	8:300-310
H: I think it's part of my personality I don't think I'm quite ummm (...) quite inhibited, as a person really	8:302-303

<u>Master table of super-ordinate themes – Study 2</u>	
	Page/Line
Theme 1. Power and authority	
<i>Permission</i>	
J: The police inspector, he was really helpful because he said	10:379-380
“Look this stuff THRIVES on secrecy” he said talk about it	
K: Very straightforward direct guy, who’s a real champion of	6:219-221
the “that’s interesting, what happened there? Do you want to	
explore that a bit?”	
L: I did a [] workshop with David Mann [] who’s written []	5:177-179
about erotic transference and I was greatly, reassured	
M: Yeah, and a huge amount about the power dynamic of	6:212
supervision	
N: I found this, very highly recommended, umm, book, by, an,	7:242-243
analyst, and it was SO judgemental	
P: He ummm, confirmed that he felt that it was ok, and, err to	10:338-339
be, doing it, going in that direction	
Q: It gives you confidence [] there’s a “oh God that’s alright,	11:402-404
that’s ok, we can manage that, we can work through that”	
R: I just got this sort of feeling it was, that was the only place	15:591-592
she was prepared to go	
<i>Trust</i>	
J: But we trusted each other. SO, she was excellent on that	15:584-585
because I could, yes, I could talk to her about anything and	
everything	
K: So much depends on, the openness and sensitivity of the	11:405-406
supervisor	
L: The two trainers that we had, and, the other inputs were,	8:296-297
very nurturing indeed	
M: There’s a lot of trust in it, now I think about it. Ummm, the,	5:192-194
you know, with this particular supervisor	
N: I’ve had my supervisor for a long time, there isn’t a THING	12:449-450
I wouldn’t say to her, and that is absolutely fantastic	
P: She was very critical of what I was doing [] I felt very, err,	8:288-290
misunderstood	
Q: Really very helpful, so we can, really open up and talk	10:369-370
about that, lots of different levels, lots of different ways	
R: I remember taking that to my supervisor, and I took it, and	3:90-93
I talked about it with one or two friends I trusted as well, you	
know, therapy friends, and, you know they kind of really	
helped me	
<i>Inhibiting</i>	
J: I mean we live in a, a society [] on the one hand it’s all	7:264-268
coming at us, and on the other hand you know people are	
really sort of shy	
K: I think, we live in an extremely prurient and an extremely	14:509-510
punitive society	

L: I felt, I couldn't openly disclose what I felt, to my therapist, you know in that area	3:91-92
M: The regulatory boundaries are, more conservative than my personal boundaries	4:124-125
N: I don't know, whether it's more to do with us living out in the sticks [] it's very kind of, traditional shall I say	8:290-293
P: I think that I was, being perhaps, more explicit than they, than they felt comfortable with	8:278-280
Q: There'll be a lot of shame in my own experience, being, Irish Catholic sex, that, you know there's a whole raft of no go areas there	6:217-218
R: I think as a man, I, am really reluctant to do that. [] really reluctant to do anything that could be open to misinterpretation	8:300-307
<i>Protect and keep safe</i>	
J: At the time I was studying [] I went in every Thursday and got all these spiritual vibes from people	10:374-377
K: Make sure there is a structure which will ALLOW, trainee therapists to explore, that, really challenging material	12:450-451
L: Within that particular training with a group of twelve, it was very, very containing, and very supportive	8:294-295
M: The ethical boundaries of the profession are, are very properly set, to protect, well to protect all concerned	4:117-118
N: I would just really like some sort of forum, some sort of place where people talk about it	8:296-297
P: My husband's been a psychotherapist as well, so, he was able to, ummm, we, we've always shared, a lot about things	10:364-365
Q: Compassionate and more embodied and MUCH more, with the group I'm with, would be able to work with the erotic much more, in our supervision work	10:366-367
R: I used supervision, I used friends [] I think it does help to be using anything that's available	4:151-163
Theme 2. Dead or alive?	
<i>Erotic?</i>	
J: As I say in my two really big trainings, I don't, I, I don't remember anything coming up	18:710-711
K: Right through masters and beyond, I have never actually seen this subject addressed effectively, in MY training	5:182-183
L: So no, it missed on that, more subtle, ummm, area that we're talking about here	7:234-235
M: In terms of the various training institutions that I've been involved with, this has kind of been an area to, to shy away from	5:157-158
N: Every now and then, I see the odd day, that seems to be run by the analysts about this [] And that's about it!	7-8:268-272
P: I don't think the transpersonal, ummm, course, that wasn't looking at the erotic, actually	7:228-229

Q: I can't even remember, at (institution) doing anything related to it, I can't even, it didn't register	13:489-491
<i>Ticking the box</i>	
J: A four year training, and they have two hours, of me, doing trans-cultural issues [] and it's the same with sex	12:457-460
K: It REALLY was an area, that was, mentioned in passing, this, this may well happen and that was kind of the end of it	11:388-389
L: That's not, not the track I'm going down, but it's as if that HAS to be put in there, because, it's part of the theory if you like	13:487-489
M: I suppose it went into, ummm, you know, sort of transcultural approaches to sexuality, it went into queer theory	6:226-227
N: I thought the others wanted me to jump through certain hoops, but because of their own practice didn't seem that inspiring	18:638-639
Q: It should be part of it. Not module five, year three, you know what I mean?	14:500-501
R: The training course I did, was, VERY explicit about erotic connection. Ummm, I, I cannot THINK, that they could have done more really	18:712-713
<i>Theory to avoid</i>	
J: I did my BASIC trainings around sex and sexuality [] I'm REALLY grateful because I'm NOT uncomfortable so I don't get embarrassed	4:143-146
K: "yeah that's fine, but can you remind me what her preferred goal was?" which will pull be back to the specifics of working within the structure	7:245-247
L: It got translated into sort of transpersonal, spiritual terms [] so that got neatly removed out there somewhere	3:102-105
M: It was rather literature based [] it was quite sort of intellectualised, even though it went, it went into, ummm (sighs) where did it go?	6:222-26
P: I did, sex therapy training, so ummm, then we would have been err, talking very sexually, but, not, necessarily erotically	1:12-14
Q: psychoanalytic object relations [] you cloaked it in the language, but actually think, right this is RAW, absolutely SEXUAL, erotic, fant NO! We didn't actually go there	8:267-271
R: Taking that to a Freudian analyst, is, you know, she just sort of goes into, you know, you can almost hear the works of Freud opening at the appropriate page	15:608-610
<i>Theory as limiting</i>	
K: In terms of RACBT [] It's not formulaic, but it's a very well structured and very carefully boundaried and delineated theoretical model	7:242-244
L: He would, tend, to being quite clinical about it, even though, even though it was openly discussed, there was, that barrier	11:414-416

M: I, have, yet to, work out how CBT deals with, with either eroticism or sexuality, or even sexual behaviour	5:167-168
N: Although they talk about, umm, the dance between, I, I didn't see it [] it felt very much of, it, a bit 'puddingy' really	12:444-445
P: I think it was very much, on the sexual, rather than the emotional, side. And that, there needed to be more	12:434-435
Q: One particular supervisor. Who was, err, very clever, err, very academic, [] but wasn't embodied [] I regret staying with that person, for too long	10:352-355
R: Isn't nonsense because it gives you, it gives you the vocabulary, it may not be true, but it gives you, it gives you something to work with	13:508-509
<i>Theory vs experience</i>	
J: "What are we looking at?" but it did have meaning, the WAY that the lecture was being conducted, it DID have meaning for us	19:740-741
K: They're not a forum where you can really involve, umm, engage in, the kind of risk taking, err, which I think is helpful	13:483-484
L: We were more in touch with what it felt like. You know, from, uhh, we got away from theorising	7:255-256
M: It was the human encounters [] asked more questions of me and provoked more thought, than, than a lot of the course	8:285-287
N: I had a tutor, right near the end, who certainly works more in this way. Ummm, a lot more excitement in her work	12:434-436
P: The humanistic, err the training, the two years, that I was, that also, all sorts of things were going on	6:216-217
Q: We didn't do coal face stuff [] how to really work through intimacy [] was limited [] it was quite an academic sort of training	8:277-292
R: I've gone, you know, she's not looking at me anymore, she's just sort of cross referencing into all the stuff	15:612-613
Theme 3. Impact in real terms	
<i>Unprepared and vulnerable</i>	
J: that would be the worst thing wouldn't it, that I've, I'm not aware that I've, but I could have missed stuff, that's the worst thing	20:765-766
K: I think it's, certainly sad and possibly dangerous, that, people are going into the room as unprepared as I was	13:489-490
L: "What's going on here, that is arousing these sorts of feelings?" and then, one, I shouldn't be having them	4-5:154-155
M: But in fact when it comes up, I am EXTREMELY, careful, about the language I use and where I go	11:390-391
N: If there had been more, in, I might feel as if I was more in a club, rather than I might be in a class of one (laughs)	15:551-552
P: Well I didn't feel comfortable, with meeting at, at that level	4:115
Q: If we had done that maybe, that way, then maybe I would have been more equipped to deal with, the, the erotic	8:298-299

R: I would like it if society and, training courses in general were prepared to be a bit more, explicit, ummm, not just about sex, but also about, ummm, erotic connection	18:709-711
<i>Talk the talk</i>	
J: So when I work with clients on sexual problems, there's all kinds of stuff you have to be able to say	1:13-14
K: Far too many of them , are, effectively go to this place for six hours, get lectured at and come away with a piece of paper saying you've done your hours	13:481-483
L: It was openly discussed, but it was like, it was quite clinical. So there was, it wasn't really to do with engaging in the relationship	6:223-224
M: It's something to notice and set aside, really. [] it's not totally set aside [] but, sort of, not making anything of it	1-2:38-51
P: One had talked quite openly. But as far as, dealing, handling myself with erotic material within the, ummm, room...	6:193-195
Q: That was limited, they talked about it but never worked it	7:264-265
R: We were in a sense given a, given a vocabulary to work with, erotic material, ummm, that was not sexual, so in that sense was hugely useful	12:481-483
<i>To tolerate the anxiety</i>	
J: You have to get past that, and it is, it's about, as I say training, background, your own therapy, about being TOTALLY comfortable	4:125-127
K: So , personal experience, extremely useful, extremely valuable	12:433
L: I would have sidelined or made much more clinical, in my approach to it, because that would have been easier, safer	10:362-364
M: It just, help, helps me to...to, you know to tolerate the phenomena that we're talking about	7:257-258
N: I think I would have been a lot more inhibited [] there isn't a lot of training on this. So, it's come for me from my practice	6:227-229
P: It was, quite, stimulating in, the way, I was experiencing it, and, but I suppose I was also pushing him away	2:74-75
Q: I wouldn't have been able to use it the way, I might have had some embarrassment [] I might have been hiding more	5:163-165
R: I actually told the client, ummm, and I, I shouldn't have done that, ummm, err, I, I, was inexperienced	3:95-96
<i>Erotic as beneficial to the therapeutic endeavour</i>	
J: We worked quite deeply and there was a sexual spark between us [] because that for me...ummm... was really healing for him	1:32-40
K: That was an extremely fruitful, err, insight and, err, allowed her to explore and express how she felt	2:51-53
L: Somebody has to take a risk, it's either going to be the client or the therapist, or, there's a, there's going to be a block somewhere	15:561-562

M: It did seem to mark a transition in, in then her ability to ummm, really discuss in detail what, what had happened to them	2:60-62
N: I think those are the things that, ummm, galvanise the work	16:600-601
P: I'm more interested now, currently, in, attachment theory and that sort of thing than, the erotic	12:406-407
Q: It kind of opened up a whole, avenue for him, to be intimate with me in a different way	3:104-105
R: It enables you to enjoy, it's almost like it joins the crack, you know, it's, ummm, and it, it, erotic then, stops being something you have to deal with	19:771-773